

THE JOURNAL

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOL. 35

SEPTEMBER, 1936

No. 9

PRACTICAL CONSIDERATIONS IN GYNECOLOGIC SURGERY*

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It is an honor to be invited to deliver the W. J. Mayo lecture in surgery and I feel keenly the responsibility of maintaining the high standards established previously by my colleagues. It is difficult to retrace today the development of any phase of general surgery which Dr. Mayo has not profoundly influenced, since he began practice when surgery was in its infancy and from the beginning until the present has contributed enormously to the surgical literature. The first surgical report he gave was of some observations on ovarian tumors. This was followed subsequently by discussions of such gynecologic subjects as myoma of the uterus, menstrual function, hysterectomy, operations for prolapse of the uterus and vaginal walls, conservative gynecologic procedures, and the treatment of pelvic infections and tuberculosis and carcinoma of the uterus. For this reason it seemed proper to consider today some practical observations in gynecologic surgery which have been given us by our older colleagues and which can with benefit be repeated and reemphasized.

Some of you may feel that this subject does not merit much discussion, but others, who perhaps are more familiar with its aspects in general practice, feel the necessity of keeping it before the attention of the profession. You may ask why this is true. One very definite reason is that gynecology constitutes about 25 per cent of the average physician's practice. Furthermore, the mortality in pelvic surgery is definitely lower than for other types of abdominal surgery when the usual surgical principles and standardized technics are employed; thus the surgeon may not feel the same degree of hesitancy in undertaking pelvic operations that he shows, for instance, in undertaking oper-

ations in the upper portion of the abdomen. For these reasons pelvic operations are often performed when there is only the slightest indication for them, and at times when there is no real indication for them at all. It should be remembered that the mortality attending any operation reaches its maximum in the hands of inexpert or insufficiently trained men.

The late C. Jeff Miller has often quoted a remark, which was attributed to Howard Kelly, to the effect that surgery, developing in the hands of men, has dealt too lightly with mutilating operations on women, and that if the situation were reversed for several decades, women performing the operations and men suffering the mutilation, there would undoubtedly be a larger number of men than there are now in favor of less radical procedures. There is a tendency to disregard the fact that the whole scheme of existence of some women depends on the state of their pelvic organs.

In writing on the subject of menstrual function, W. J. Mayo said: "The generative organs of women are for the purpose of reproduction. The ovary controls the

*Read as the W. J. Mayo Lecture in Surgery, Ann Arbor, Michigan, April 24, 1936.

physiologic cycle, the uterus receives and carries the impregnated ovum to term. The uterus is often blamed for troubles with which it really has little to do. The curet is a much abused instrument. The endometrium is relatively seldom diseased and a high percentage of menstrual disturbances are ovarian and tubal in origin. A sufficient distinction is not made between irregular bleedings from the uterus and true menstruation. Menstrual blood does not clot. If the blood forms true clots, the endometrium may be suspected, otherwise the ovary."

Irregular uterine bleeding requires very careful study to distinguish between that from systemic disease, functional states, and from benign and malignant tumors. The curet is indeed a dangerous instrument and its use should largely be restricted to establishing a diagnosis except when it is necessary to evacuate the pregnant uterus. The gross appearance of a few pieces of endometrium, and the nature of the sensation transmitted by the curet as it scraped the lining of the uterus, to the experienced gynecologist is often sufficient for diagnosis without the necessity for a microscopic report. If pieces of endometrium are extruded from the uterus as the cervix is being dilated, the chance of malignancy of the fundus is great. The soft or smooth sensation transmitted by the curet and the ability to obtain only small amounts of endometrium suggest ovarian failure. If this condition is encountered in young women, hormone therapy may be indicated, but if the patients are beyond the menopause such treatment is not indicated.

The recent work of Herrell and Broders should be emphasized in this connection. They divide the menstrual cycle into two stages, the proliferative and the differentiative; the former extends from the first to the fourteenth day and corresponds to the life of the follicle of the ovary, and the latter extends from the fourteenth to the twenty-eighth day and corresponds to the life of the corpus luteum. Each of these two stages was then subdivided into an early and late phase, each having a duration of one week. In cases in which the menstrual cycle is normal, the histologic picture of the endometrium in any one of these stages is characteristic. Accordingly, it is possible to correlate the observed state of the endo-

metrium with the clinical picture, and this tends to clarify some of the poorly understood physiologic phenomena.

Whenever the solution of a problem is simplified there is a greater probability that the answer is correct. For example, if menorrhagia has persisted for several weeks and biopsy of the endometrium reveals it to be in the early proliferative phase, it is evident that the patient does not have sufficient follicular hormone to complete the proliferative stage. The condition is then designated as endometrium in the "persistent proliferative" stage and in cases in which a functional type of bleeding is present it is regarded as evidence of ovarian failure. Cystic areas in the endometrium which have heretofore been diagnosed as "hyperplasia" are now known to be attributable to inactivity of the corpus luteum. If this condition is encountered in women about forty years of age it is evidence of an early menopause and the value of treatment is questionable. Further support for this theory is given by the fact that a corpus luteum is not found in the ovaries of such patients when examined during hysterectomy. The curet, then, is of more value in diagnosis than in treatment.

Irregular bleeding at the menopause must be thoroughly investigated, since, although it may suggest a normal ovarian failure, carcinoma may be the chief etiologic factor. To disregard it as being only the normal physiologic change is a serious error, because, if the patient presents her case for treatment, the burden of proof rests entirely on the physician. The results of treating early carcinoma of the cervix by radium and the results of total hysterectomy for early carcinoma of the fundus are known by all to be good. Future efforts, therefore, must be directed toward maintaining and improving these results by early and accurate diagnosis.

The clinical picture in cases in which the patients are young may be complicated by chronic pelvic inflammatory disease, extrauterine pregnancy, fibroid tumors, uterine polyps, and cervicitis with erosion. A positive Friedman test is about 98 per cent accurate and is sufficient evidence of pregnancy. I have recently had under my care two patients with chronic pelvic infection who presented themselves because of pelvic pain and spotting. Pregnancy was not considered likely after five years of sterility

with chronic infection known to exist; nevertheless, the Friedman test was positive in each case on two different examinations. It was impossible to locate the pregnancy in the uterus or fallopian tube since there remained some tenderness and fixation in one side. Rest in bed and the judicious use of sedatives in both cases resulted in the abatement of the pain and bleeding and in the development of definite signs of uterine pregnancy.

A degenerating fibroid tumor may at operation feel so soft that it resembles a pregnancy and not infrequently the abdomen is closed without further ado. The surgeon may be greatly perturbed in such cases, when he later discovers his mistake. Experience has shown that if at the time of operation pregnancy is suspected, the fact can be definitely determined by injecting 0.3 c.c. of pituitrin directly into the uterus. The pregnant uterus will contract violently for a few minutes; the degenerating fibroid tumor will not.

The Risk in Pelvic Surgery

The risk in pelvic surgery when patients are in good condition is said to be lower than for upper abdominal operations. There are certain conditions, however, which profoundly increase the risk and it is imperative that one be thoroughly familiar with them.

The patient who has marked secondary anemia from prolonged uterine bleeding from any cause is an increased risk. We at the clinic have come to regard a value for hemoglobin of 40 per cent as compatible with surgery without the necessity for transfusion, and such patients may have an uneventful convalescence. In the average case of this type, however, the convalescence will be shorter and the wounds will heal more quickly if one or perhaps two transfusions are given on the second and fifth days following operation. An observation of profound importance in this connection is that the incidence of thrombophlebitis among these patients with anemia who have not received transfusions is considerably higher than normal. Nygaard, who has made extensive studies regarding thrombosis and embolism, has shown clearly that the administration of saline or glucose solutions, or both, increases the coagulability of the blood and therefore predisposes to thrombosis and thrombophlebitis. These solutions,

in surgical cases in which secondary anemia is present, especially following operation, must be used cautiously. The disability that follows thrombophlebitis is so great that every precaution must be taken to avoid its occurrence.

If in addition to having secondary anemia the patient has also lost weight, the risk is further increased. This condition is often encountered in association with uterine bleeding and pelvic infection, and uterine bleeding with carcinoma of several months' duration. Surgical removal of the diseased parts in such cases is usually difficult and the operation is followed by varying degrees of shock, which are best combated by a transfusion. The degree of surgical shock is proportional to the amount of trauma and the duration of the operation. There are no more difficult surgical procedures than those required in the treatment of pelvic inflammatory disease when fecal fistulas exist as a legacy of previous surgical interference. The difficulty is still greater if the pelvic infection is complicated by uterine fibroid tumors and endometriosis, or both. In the surgical treatment of carcinoma of the fundus of several months' duration, even though the malignancy is confined to the fundus, all the tissues of the pelvic organs are friable and great care and judgment must be exercised to avoid difficulties which might prolong the operation beyond the point of tolerance of the already handicapped patient. It is much better surgery to avoid difficulties than it is to get out of them once they have developed.

Another point for consideration in the question of the degree of risk in pelvic surgery, as perhaps in all branches of surgery, is that the risk is not sufficiently discussed with members of the patient's family. If one has evaluated the physiologic tolerance of a patient who is to undergo a specific operation and has determined the risk to be high, the risk must not be minimized in talking with members of the patient's family. It is more prudent to have them request you to proceed with the operation after a frank discussion of the risk involved than to leave them in ignorance as to the real seriousness of the condition.

Conservative Procedures

A few years ago I stated that conservatism in gynecology not only implies conservation of the sexual organs but preservation

of their function as well. Since destruction of these functions does not endanger the patient's life, function is sometimes carelessly destroyed, not because it is necessary to destroy it to effect a cure, but because it sometimes seems to be the easiest way to perform the operation. Such a procedure is illogical and should be condemned.

Many factors may influence the management of gynecologic conditions, such as the age and social and economic status of the patient. For example, a conservative operation that involves the chance of secondary operation may be entirely justified in the case of a well-to-do woman who has recently been married, but it would not be justified for a woman approaching the menopause, one who is the mother of a family, or one whose livelihood depends on her own efforts. The type of lesion may also modify the degree of conservatism in a given case. For example, partial ovarian resection of extensive, bilateral, hemorrhagic ovarian cysts may be done for a young woman, thus preserving function, but for a woman forty-five years of age or more, the operation would not be advisable. Conservative procedures have their greatest application in cases of pelvic infection, uterine fibroid tumor, adenomyoma, ovarian cysts, and endometriosis.

The value of conservatism in treating pelvic infections is well known, but it must be constantly stressed since there remains the tendency to interfere surgically before the protective forces of the patient have had sufficient time to render the inflammation inactive. Interference during the active stage of pelvic infection is not only dangerous, but almost certain to entail more extensive surgical procedures than would otherwise be necessary. Statistics indicate that 10 per cent of patients who have had gonorrheal salpingitis and who are treated conservatively subsequently become pregnant. Pelvic infections of long duration, however, particularly if complicated by fecal fistulas resulting from prior operations, fistulas communicating with the sigmoid or bladder from a tubo-ovarian abscess, or pelvic infections complicated by fibroid tumors and ovarian cysts, are definitely surgical conditions.

There is perhaps no better field for emphasizing conservative measures than when dealing with myoma of the uterus in which patients are less than forty years of age.

Myomectomy should be given greater consideration by those general surgeons who are not gynecologists or obstetricians. The destruction, by hysterectomy, of the menstrual and reproductive functions of such young women is inexcusable unless the uterus has practically been destroyed. Even in such an extreme case it is nearly always possible to save some endometrium and one ovary so that the menstrual, if not the reproductive, function may continue. Myomectomy for a degenerating fibroid tumor may be mandatory during pregnancy. If care and gentleness are exercised there is little chance of miscarriage. Myomectomy is more difficult than hysterectomy since the technic of the former is necessarily varied to suit the situation encountered. One point in its surgical technic which is frequently overlooked and which can be used to great advantage in myomectomy is that bleeding is reduced considerably if an assistant will maintain traction on the fundus during operation.

The discovery of one or two small fibroid tumors during the course of examination is not an indication for their immediate surgical removal; such tumors may remain symptomless for years, the patients even being pregnant several times without any harm being done. Many patients with small symptomless fibroids are treated with radium when the indications for such treatment are not sufficient. In the treatment of myomas, however, radium has a great field of usefulness and for small tumors which appear during the menopause and which produce hemorrhage, radium is perhaps the treatment of choice. Radium can also be employed in the treatment of symptom-producing tumors in cases of obesity, and also in the treatment of patients with associated, severe cardiac conditions, although its use in such cases has certain definite limitations. In the treatment of the healthy young woman with myoma, radium is a very destructive method of treatment and one that certainly could not be considered as conservative.

Excision of adenomyomas and endometriomas is more difficult than myomectomy, the former being surrounded by smooth muscle cells. I have previously reported the case of a young girl in which I excised thirteen adenomyomas, with preservation of the uterus and relief of her severe dysmenor-

rhea. Unfortunately, endometriomas and adenomyomas affect women between the ages of twenty-five and thirty-five years, and it is at just this period that conservatism is definitely indicated. For young women, or for older women, when it is desirable to preserve the menstrual function, the treatment of endometrioma is always surgical unless the rectovaginal septum is involved by an adenomyoma.

Ovarian cysts offer an excellent field for conservative methods of treatment, although a thorough knowledge of the pathology of these cysts is essential. It is rare to encounter malignant ovarian cysts in women less than thirty years of age. Many of the cysts of young women that we are so inclined to remove surgically will rupture spontaneously and leave the ovary intact. Some are associated with intra-abdominal hemorrhage, but rarely are they of a serious nature. If these cysts, after repeated examination, are seen to persist, it is possible to enucleate them and to preserve the ovary. If a dermoid cyst is encountered, complete removal of the ovary is usually necessary since such cysts are usually infected and 2 to 3 per cent of them contain epitheliomas. If they are malignant and have broken through the cortex of the ovary the mortality is 100 per cent. Unfortunately, a large percentage of dermoid cysts are bilateral and when patients are young, conservative measures are highly desirable. Conservative treatment in such cases consists in sacrificing the ovary which is the more affected and preserving a strip of ovary on the opposite side. The same is true of large hemorrhagic ovarian cysts, which frequently fill the pelvis and are attached to the intestines. Complete excision is often possible, with preservation of a small segment of ovarian tissue.

Abdominal Hysterectomy

The question of whether total or subtotal hysterectomy should be performed when hysterectomy is indicated is not settled and this issue is frequently discussed at medical meetings. Nor is there any unanimity of opinion among general surgeons and gynecologists, some having discarded the one in favor of the other. In the past fifteen years many have advocated total hysterectomy for fibromyomas when removal of the uterus was indicated. The training and experience of gynecologists

with the procedure are, of course, greater than that of most general surgeons, so that it is hardly fair to expect the surgeon, who is only occasionally called on to perform hysterectomy, to adopt a technic with which he has had little opportunity for experience. Although there is a definite field for both procedures, I feel that total hysterectomy should be performed in most instances in which removal of the uterus is indicated, in which the cervix is definitely diseased, and when the patient is in good general condition. On the other hand, if the cervix is small and there is no evidence of cystic disease or infection, the supravaginal or subtotal operation can be performed.

That the cervix is a source of infection and should be removed in all instances in which it is chronically diseased, and in which hysterectomy also is indicated, has been shown by Rosenow, Moench, Benedict and Nickel. Rosenow regards the uterine cervix in the same light as the tonsils, as a focus of infection. Moench has found that the organism most frequently isolated from the cervix in cases of leukorrhea is the streptococcus; in this connection Benedict and his associates have shown the relationship between chronic cervical infection and lesions of the eye. Nickel produced hemorrhagic lesions around the trigone in the bladders of dogs which had received injections of a culture from the cervical stump of a patient suffering from Hunner's ulcer. A very cogent reason for performing total hysterectomy, whenever possible, is the fact that carcinoma is all too commonly seen in the cervical stump after the subtotal operation. While carcinoma is said to occur in the cervical stump only in about 1 per cent of cases, we now have records at the clinic of 130 cases in which it occurred more than two years after the subtotal operation.

The mortality for total abdominal hysterectomy should not be greater than that for subtotal abdominal hysterectomy if the cervix has been properly prepared. The vagina and cervix should be cleansed with soap, water and alcohol and then painted with a 3 to 5 per cent solution of iodine. If the cervix is soft and has a tendency to discharge a mucopurulent secretion, a small strip of iodine gauze should be placed in the cervical canal; or the cervix may be closed by three or four interrupted sutures.

The death rate for total hysterectomy for

malignant conditions of the fundus (5.88 per cent) is somewhat higher than for benign conditions. This increase is not attributable to the type of operation so much as to the fact that many of the patients are senile, anemic, and often cachectic. Death in cases in which either total or subtotal abdominal hysterectomy is performed can also be assigned to accidental causes. Pulmonary embolism is responsible for about 50 per cent of the deaths. This accident is being very materially reduced by administering thyroid extract, by the use of massage, and of passive movements of the arms and legs and by employing tight abdominal binders after operation, as advised by Walters and Coffey.

Coning out the gland-bearing area of the cervix or its destruction by the electric cautery following subtotal abdominal hysterectomy has been offered as a substitute for total abdominal hysterectomy, in the presence of a diseased cervix other than from cancer and when hysterectomy is indicated as a safer procedure for those who have had less experience with the latter operation. This procedure, however, will not safeguard the patient against future infection or against carcinoma in the cervix because it is practically impossible to destroy all the glandular area in this manner.

The cervix and cervical canal should be inspected under direct vision preliminary to either total or subtotal abdominal hysterectomy. Extensive infection often exists along the cervical canal near the internal os in an otherwise healthy looking cervix. Early malignant growths may occur in the fundus and extend through the internal os, and they may be overlooked during subtotal hysterectomy. Carcinoma is associated in 5 per cent of fibromyomas.

Prolapse of the vaginal vault, which is seen occasionally following either operation, should not occur if the broad and round ligaments are accurately measured and sutured to the vaginal vault or the cervical stump. The approximation of these ligaments should be such that sufficient allowance is made for contraction of the scar, so that sufficient mobility will follow without prolapse.

Subtotal abdominal hysterectomy should be performed for benign conditions when it is necessary to remove the greater part of the body of the uterus and when the cervix

is in good general condition. Total abdominal hysterectomy is the best operation when any lesion other than carcinoma exists in the cervix, and when the operation is not otherwise contraindicated, or when the history suggests the possibility of malignant change in a fibromyoma or an associated malignant condition in the fundus of the uterus.

Vaginal Hysterectomy

Although extirpation of the uterus through the vagina is an old procedure, unfortunately the indications and technic are not well understood by general surgeons and even by some gynecologists. If for no other reason, the low surgical risk attending it is sufficient to recommend vaginal hysterectomy in cases of benign or malignant conditions of the fundus when the size of the tumor does not contraindicate it. C. H. Mayo recommended this procedure and in 1915 described the technic of vaginal hysterectomy for prolapse and cystocele. Statistics show that it gives satisfactory results in 98 per cent of cases. It is essential, however, before proceeding with vaginal hysterectomy for prolapse and cystocele to have a clear conception of the mechanism of the production of this abnormality. To correct it by vaginal hysterectomy requires a fundamental knowledge of the pelvic fascia, muscular floor, and uterine ligaments in addition to familiarity with the operative technic.

Indications for vaginal hysterectomy.—Although vaginal hysterectomy is the operation of choice at The Mayo Clinic for severe uterine prolapse and cystocele, there are other clinics both in this country and abroad in which it is never employed for correction of these conditions. The indication for its use, therefore, cannot universally be accepted by all gynecologists, vaginal hysterectomy frequently being performed for conditions other than prolapse.

There are a few sturdy women with uterine prolapse, varying in degree to complete procidentia, who suffer very little inconvenience and therefore would not consider surgical repair. The longest duration of complete prolapse without noticeable symptoms within my experience was twenty-five years. When once begun, however, the symptoms are progressive. Bleeding, spotting, or ulceration of the cervix immediately

creates anxiety and fear of cancer; not infrequently these may be the only symptoms. As a rule vesical symptoms predominate, and they are the earliest symptoms, since residual urine varying from a few cubic centimeters to several ounces is usually present. Chronic cystitis then supervenes and is associated with frequency, burning, incontinence, and a bearing-down sensation. With this combination of events, straining and frequent urination become more forceful, consequently increasing the prolapse and cystocele.

For debilitated individuals of advanced years, many of whom have complicating cardiovascular conditions, vaginal hysterectomy for prolapse is indicated since it can be performed by the experienced gynecologist with an extremely low risk. In parous

women the uterus is quite accessible and the operation is practically extraperitoneal. The wisdom of removing the uterus in these cases appears to me to be sound and to be preferable to vaginal plastic repair. The uterus usually has undergone considerable atrophy, and in those cases in which there is uterine bleeding during or after the menopause, early malignancy of the fundus must be excluded. This is not always easy even on microscopic examination of material obtained by curettage.

Since in such cases the usefulness of the uterus as a functioning organ has passed, and since after the menopause the incidence of carcinoma of the body of the uterus is high and the operative risk low, it would seem to me to follow that the functionless organ should be removed.

MENINGIOMAS OF THE POSTERIOR FOSSA

A Report of Four Cases

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Meningiomas of the posterior fossa, although relatively rare, have in my experience been among the most difficult to diagnose because of their bizarre symptomatology. Owing to their slow growth, the cerebellar lobes apparently adapt themselves to the encroachment of these tumors and the ataxia, which is so prominently identified with the invasive gliomas of the cerebellum, is much less in evidence, if at all, in the more circumscribed meningiomas.

I am reporting four cases of meningioma of the posterior fossa. It will be seen that each case presents a problem in itself and does not readily fit into a definite diagnostic pattern. The first case, I believe, is unique in that it is the only one I have been able to find either in the literature or on inquiry among my neurosurgical colleagues where a meningioma and multiple abscesses occurring in the same patient were successfully operated upon.

Report of Cases

Case 1.—Meningioma associated with multiple brain abscesses. Removal of tumor. Drainage of abscesses. Recovery for three years.

J. K., male, aged fifty-six, foundry worker, was admitted to Harper Hospital, unconscious, on November 19, 1932. Eight weeks prior to admission the patient noticed a small furuncle beneath the outer canthus of the right eye, which healed in a few days. Two weeks later he began to have severe

occipital headaches which later became generalized. Four weeks before admission to the hospital he would occasionally stagger and there was a tendency to fall to the left. About this time the patient noticed a small nodule in the left occipital region which was tender and resembled a boil. The soreness spread and the whole left side of the face became swollen. The man had, with difficulty, continued his work during this time. He vomited for two days, complained of stiffness of the neck, then suddenly lost consciousness. He was taken to a hospital for contagious diseases, a diagnosis of encephalitis having been made, and nasal feedings were given for ten days. A neurologist suspected a brain abscess at this time and the patient was transferred to the neurosurgical service at Harper Hospital for treatment.

Examination revealed a markedly emaciated white male, completely unconscious, with Cheyne-Stokes respiration. In the left occipital region a firm, smooth swelling, about 3.5 by 3.5 cm., was palpable. There was no bruit or pulsation. The pupils were small, equal and reacted sluggishly to light. Fundoscopic examination showed a bilateral choked disc of three to four diopters. There were a few small hemorrhages and evidence of a moderate arteriosclerosis. The neck was extremely rigid. There was a slight left facial weakness and a slight spasticity

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of all extremities, more marked on the right. A bilateral Babinski sign was present.

Roentgenograms made of the skull demonstrated a somewhat irregularly shaped defect involving the left occipital bone toward its lateral aspect, the

fragment entirely.) The left cerebellum again presented the yellowish appearance previously found over the left occipital lobe. On incising the cerebellar cortex another abscess was discovered and emptied of about 2 ounces of pus. Although both



Fig. 1. Case 1. Oblique roentgenogram showing left occipital meningioma.



Fig. 2. Case 1. Photomicrograph of section from meningioma overlying two chronic abscesses.

defect measuring 3.5 by 1.5 cm. (Fig. 1).

Laboratory Findings.—Red blood cells, 4,550,000; white blood cells, 12,700; polymorphonuclears, 79 per cent; lymphocytes, 21 per cent. Spinal fluid examination, done previous to admission, showed a faint trace of globulin; 160 lymphocytes; sugar, 83 mg. Blood examination showed sugar, 114 mg.; nonprotein nitrogen, 46 mg.; the Kahn reaction was negative.

Clinical Diagnosis.—Meningioma of the posterior fossa involving the overlying occipital bone.

Operation.—On October 20, 1932, a left-sided suboccipital osteoplastic flap was made, the palpable tumor mass being in the center of the flap, which was bounded by a line 3 cm. above the occipital protuberance, the midline of the neck and the left mastoid process. On dissecting the skin and muscle from the occipital bone, the tumor was found to consist of soft bluish-red tissue with a stream of yellow pus pouring away from the center of the mass. The suboccipital bone was rongeuired away well over the midline and the left lateral sinus. The bone was honeycombed with pus and tumor tissue. On exposing the dura a flat oyster-like tumor about 5 by 8 cm. was found to overlie the torcular Herophili and the left lateral sinus. The lateral sinus was ligated on both sides of the tumor, which was then slowly reflected from over the left occipital lobe. On exposing the left occipital lobe cortex, it was found to have a yellowish appearance with flattening of the convolutions underneath the tumor site. With the intention of taking a section of this yellowish tissue, the area was incised with the endotherm loop and was found to be a thick-walled abscess cavity. The operative field was contaminated by the thick greenish pus which flowed from the cavity. The abscess was widely opened and, after aspirating the pus, was filled with 2 ounces of saline solution. The flat tumor was then stripped down over the left cerebellar lobe and sectioned across, leaving some tumor tissue toward the region of the foramen magnum. (Although the tumor was easily removable, the flap would have had to be carried farther downward to remove the lower

abscesses were thick-walled and contained green pus, no communication could be found between the two. A small drain was placed in both the cerebellar and the occipital abscess cavities and the skin flap closed with silk.

Sections made from the tumor tissue were reported by Dr. P. F. Morse to be meningioma, while the pus from the abscesses gave a pure culture of *Staphylococcus aureus* (Fig. 2).

Postoperative Course: The patient regained consciousness during the operation and his convalescence was uneventful except for the development of about twenty furuncles about the buttocks and thighs. These healed in three weeks and the patient was discharged from the hospital on November 14, 1932. Examination made of the visual fields at this time showed a complete right homonymous hemianopsia. There was a bilateral choking of two diopters. Practically no ataxia could be detected. The occipital wound where the drain had been inserted continued to drain a small amount of pus. The only complaints this patient had shortly before his death in 1935 were the hemianopsia and the fact that he had to wear a bandage over the occipital region because of the slight discharge. In July, 1935, an unsuccessful attempt was made to excise the sinus tract. A drain was placed in a subcutaneous cavity containing pus, but no attempt was made to uncover the original abscess sites.

This man worked as a gardener during the early summer of 1935. He became somewhat irritable at home. One night he had a spell of unconsciousness, but when seen the next day he was quite alert and had no complaints. The following day he again became unconscious and was brought to Harper Hospital, where he died on admission August 7, 1935.

Comment.—In this case the fact that the spinal fluid contained 160 lymphocytes at first led to the erroneous diagnosis of encephalitis and not until a choked disc was

discovered was an intracranial abscess or tumor suspected. I have seen a number of cases of tumor, and especially chronic subdural hematoma, with prolonged unconsciousness where a diagnosis of encephalitis was made and the patient would be sustained, sometimes for weeks, by nasal feedings. An early diagnosis is important, since in my experience these patients frequently succumb to a pneumonia even though the tumor or hematoma may present no difficult technical problem when finally diagnosed and operated on.

Case 2.—Meningioma of the posterior fossa projecting into the foramen magnum. Removal of cerebellar and intraspinal tumor with improvement. Recurrence. Autopsy.

E. I., female, aged forty, housewife, referred by Dr. William H. Gordon, was admitted to Harper Hospital on October 10, 1933, complaining of numbness and weakness of the arms and legs, pain in the neck and inability to void.

In February, 1932, a small mass had been removed from beneath the fascia in the left occipital region. There had been pain and soreness in the left suboccipital region for six years and the small mass had appeared two years before excision. Microscopic diagnosis at this time was "fibrolipoma, no malignancy." In June, 1932, the patient was again admitted complaining of headache and a recurrence of the mass in the left occipital region. At this time a small, soft vascular tumor was removed and radium inserted. Microscopic diagnosis: "Hemangio-endothelioma. Will have strong tendency to local recurrence." In March, 1933, the patient was again admitted because of headache, pain and tenderness over the abdomen. Tonsils had been removed and several teeth extracted without relieving the suboccipital pain. There was almost constant right lower quadrant pain. Appendectomy was done with ligation of tubes. There was some improvement, but in August, 1933, she was again admitted complaining of sharp constant pain in the neck and in the left upper abdomen. Examination was essentially negative except for a slight weakness in the left arm. After a few days' observation the patient was discharged, the impression being that she was psychoneurotic.

The patient had been bedridden for a month before this admission in October, 1933, the main complaints being headache, suboccipital pain on motion, numbness and weakness of all extremities. Catheterization had been resorted to because of bladder retention. I saw the patient in consultation on November 15, 1933, at which time I found pain in the neck on movement of the head, hypesthesia below the level of the second cervical vertebra, ataxia and weakness of all extremities and increase of the deep reflexes at elbows and knees. Impression: Tumor of the spinal cord at the level of the foramen magnum.

Laminectomy was performed on November 17, 1933, by a midline incision from the attachment of the suboccipital muscles to the sixth cervical spine. Laminectomy of first three cervical vertebrae. On opening the dura a tongue of tissue having the appearance of a meningioma was seen protruding down through the foramen magnum and indenting the cord. The tumor was somewhat adherent to the dura, but could be dissected free. The tumor was dissected upward and was found to extend beyond the foramen. Trephine in the left occipital bone at the edge of the foramen. The bony bridge between the trephine opening and the foramen magnum was

rongeured away. The intraspinal tumor portion was removed. Closure was made in layers with silk. Microscopic diagnosis: Meningioma.

Secondary operation November 25, 1933. A classical Cushing suboccipital crossbow approach was made without difficulty, the cerebellum being exposed from mastoid to mastoid and from the lateral sinus to the foramen magnum. The dura was extremely vascular over the left cerebellar lobe and considerable difficulty was encountered in its incision, the bleeding being controlled with endothermy. A tumor 6 cm. by 2 cm. by 2 cm. invading the entire foramen and extending to the left cerebellar angle was uncovered. The tumor and adherent dura were removed from the cord and the left cerebellum without difficulty. Some tumor tissue was left extending beyond the exposure to the left cerebellopontine angle. Closure was made in layers with silk. Microscopic diagnosis: Meningioma.

Following these operations the patient rapidly recovered bladder function, sensation and movement of the extremities. There was still considerable weakness of the arms, but she was able to walk about without ataxia. She improved steadily for a period of two months, when, following a fall, she noticed that she was again gradually losing ground.

On June 27, 1934, she was again admitted because of a feeling of constriction in the chest, weakness of the extremities and stiffness of the neck. The symptoms were much the same as on the preceding admission except that now bladder control was present and fair movement remained in the left leg. A mass 3 cm. by 5 cm. could be palpated in the left suboccipital region.

Operation on June 29, 1934. The left lateral leg of the former suboccipital flap was turned down over the palpable mass. A bluish encapsulated tumor was dissected free from the lateral neck muscles. On exposing the former decompression, tumor tissue was found spreading over the whole lateral half of the left cerebellum. Part of the tumor was soft and could be easily aspirated. Another firmer area contained a 3 ounce blood clot. By means of the endotherm and aspiration as much tumor tissue as possible was removed. However, since the patient's respirations were embarrassed and the pulse rose with every manipulation over the midline, it was thought best to discontinue the procedure. A small drain was placed in the lower angle of the wound. Microscopic diagnosis: Rapidly growing meningioma.

Following this rather unsatisfactory procedure, there was considerable return of movement in the feet, a partial return to the arms, and the feeling of "tenseness" in the neck was gone. Deep roentgen therapy was instituted in the hope of checking the rapid growth of the tumor, but there was little change in the neurological findings until her death in January, 1935.

Autopsy Findings.—On exposing the posterior fossa and the cervical canal, it was found that there had been no recurrence of the tumor at the original site over the left cerebellar lobe or on the posterior aspect of the cord. A compression ring at the level of the foramen could still be seen where the intraspinal tumor had been removed at operation more than a year previously. However, compressing the cord from the right side anteriorly at the level of the second and third cervical vertebrae was an hour-glass tumor. The intraspinal portion, about 2 cm. in diameter, was contiguous with a huge tumor mass in the right side of the neck (Fig. 3). Several hemorrhagic cysts were scattered throughout the neoplasm. The tissue diagnosis was "rapidly growing meningioma."

Comment.—In this case we were dealing with what must have been a fairly benign

tumor at its onset nine years before death. Each succeeding specimen removed apparently was more malignant in spite of removal or roentgen therapy. Although the



Fig. 3. Case 2. Cerebellum, cervical cord and tumor removed at autopsy. The constricted area in the cord is the site of the previous surgical removal of tumor in the foramen magnum.

tumor had reached a fairly large size in the posterior fossa, its nature did not become clear until it invaded the foramen, wedging the cord and giving unmistakable signs of a transverse myelitis.

Case 3.—Headache and vomiting of five days' duration. Coma. Death. Meningioma of the posterior fossa revealed at autopsy.

C. P., female, aged fifty-seven, housewife, was admitted to Harper Hospital in coma on March 9, 1935. Her past history was negative except for a mild hypertension and "nervous breakdown" six years previously. Six weeks before admission the patient began to have her teeth extracted, the last tooth having been extracted ten days before admission. Five days before admission to the hospital the patient complained bitterly of headache, which was associated with bouts of vomiting. Thirty-six hours before admission the patient became unconscious.

On examination in the hospital there was a typical Cheyne-Stokes breathing; knee jerks were absent and there was a questionable bilateral Babinski sign. The conclusions from the electrocardiograms were as follows: "Auricular fibrillation, right ventricular extrasystole; some diffuse myocardial damage." A spinal puncture was done, which showed clear fluid under normal pressure. Laboratory tests were nega-

tive on blood, urine and spinal fluid. Blood pressure, 164/100.

The patient died thirty hours after admission.

Autopsy Findings.—When the brain was removed at autopsy (Fig. 4), a round firm mass about 3 cm.

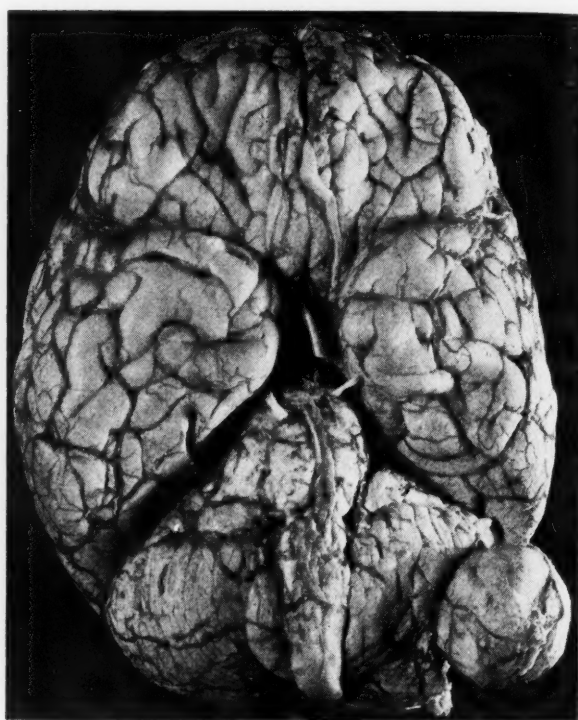


Fig. 4. Case 3. Meningioma found at autopsy.

in diameter was found adherent to the skull but inside the dura. The tumor was in the left cerebellar angle just below the tentorium. Microscopic diagnosis: Meningioma.

This case is included since the meningioma found at autopsy was almost identical in shape, position and size with that found at operation in Case 4. This patient, who was under observation for a mild hypertension, apparently exhibited no signs or symptoms of a cerebellar lesion.

Case 4.—Meningioma of the left posterior fossa. History of numerous head injuries. Sudden coma. Remission of symptoms. Removal of tumor. Recovery.

Mrs. McC., aged fifty-one, housewife, was admitted to the neurosurgical service at Harper Hospital on February 26, 1934. Ten days previously she had been admitted in coma to a hospital for contagious diseases with a diagnosis of meningitis.

Past history was not remarkable except for falls downstairs in 1916 and 1928 and a slip on the ice in November, 1933, when she struck the left side of her head. No unconsciousness.

Since 1927 the patient has had severe headaches three or four times a day, which were localized in the left frontoparietal region. These would last one to two minutes and came on every three or four days. For the past two years occasional diplopia had been noted and several times a slight staggering gait. On February 11, 1934, she became suddenly nauseated, felt weak and vomited for six hours. Two days later she became drowsy and slept the

whole day. The following day she could not be roused and because of a retracted stiff neck was sent to Herman Kiefer Hospital with a provisional diagnosis of meningitis. The positive findings noted on admission at this hospital were coma, bilateral papilledema, conjugate deviation to the left and increased deep reflexes at the right elbow and knee. Two days after admission to Herman Kiefer Hospital the patient regained consciousness.

On being admitted to Harper Hospital, which was eleven days following the attack of coma, the neurological examination was entirely negative except for slight blurring of disc margins. No ataxia could be elicited in any of the extremities with the usual tests. A diagnosis of cerebellar tumor was made from the history rather than from any neurological findings. Ventriculograms showed some symmetrical enlargement of the ventricles, although the fluid did not appear to be under pressure.

Operation was performed March 8, 1934. Under local anesthesia a Cushing crossbow incision was made with wide exposure of both cerebellar hemispheres. The dura over the right cerebellar lobe had a rather yellowish appearance, but could be easily reflected from the cerebellum. The cerebellar cortex also had a yellowish appearance with flattened convolutions as sometimes seen with the astrocytomas. A ventricular needle inserted into the cerebellar lobe struck resistance at a depth of 1 cm. The cerebellar cortex was then uncapped from over a round tumor mass 4 cm. in diameter lying just beneath the tentorium in the upper outer angle of the exposure. On separating the normal cerebellum from the firm reddish tumor, it was seen that the tumor extended into the cerebellopontine angle. By means of the endotherm loop the tumor, which had the appearance of a meningioma, was removed piecemeal with its capsule. The wound was closed in layers with silk. Microscopic diagnosis: Meningioma.

The patient made an excellent postoperative recovery. A slight right hand ataxia was present for a few days and then entirely disappeared. When last heard from, a year following removal of the tumor.

she was entirely free of headaches and had no complaints.

Unlike the more common invasive tumors of the cerebellum, the picture in this case was not a progressive one. Practically all the neurological findings which were present at the time of the coma cleared up in a period of ten days. Apparently we were dealing with a mechanical block from shifting of the tumor rather than a permanent interference with cerebellar function. However, in view of the history of headache, nausea and recurring attacks of stiffness of the neck and the findings at one time of a low grade papilledema, a diagnosis of cerebellar tumor could be made even in the absence of ataxia.

Comment.—In all four cases presented, ataxia, although present at times from the history, was not a definite finding on neurological examination. This is, I believe, a distinguishing point between the posterior fossa meningiomas and the cerebellar gliomas, with their more constant finding of ataxia.

Summary

1. A report of four cases of meningioma of the posterior fossa is given showing great variation in symptomatology and findings.
 2. An unusual case of meningioma associated with multiple brain abscess is presented.
 3. The significance of the *history* of recurrent ataxia in these cases in the absence of neurological findings is emphasized.
- 10 Peterboro Street.

CLINIC ON TUBERCULOSIS OF THE UTERUS AND ADNEXA*

R. S. SIDDALL, M.D.†
DETROIT, MICHIGAN

Although tuberculous involvement of the female pelvic organs has long been recognized, its true importance in the field of gynecology and obstetrics remains somewhat vague. Even its incidence can be a matter for debate as investigators have differed greatly in their findings. Reports could be cited giving incidences varying from less than one per cent in pelvic organs removed at operation up to 10 per cent in certain small series. The differences in the figures probably depend largely on the degree of care in pathological examination and also somewhat on the type of patients. During the last five years at this hospital, routine microscopic examination has shown tuberculous salpingitis each year in two to three per cent of the infected fallopian tubes removed at operation. Obviously, those who see many

women patients may expect to encounter tuberculosis of the pelvic structures not infrequently.

Case 1.—The first case to be presented is that of a woman thirty-six years old when first seen in 1932. Her chief complaint was sterility though she also had occasional lower abdominal pain and leukorrhea. There had been two pregnancies. The first in 1916 had resulted in the spontaneous delivery of a normal nine pound child. The second labor in 1931 was operative (probably podalic version), and the eleven pound baby died on the second day

*Presented at the Harper Hospital staff meeting of December 20, 1935.

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postpartum. Since the onset of menstruation at age of twelve, the periods had always been irregular, occurring at five to twelve week intervals, lasting four to five days, and without pain. She had never had any serious illnesses or operations.

Examination showed a rather obese woman with the abdominal wall especially thick. There was a general hypertrichosis of face, extremities, and body, but the pubic hair distribution was the normal transverse. Otherwise the general physical examination (including blood pressure, urinalysis, and hemoglobin determination) revealed nothing noteworthy. Pelvic examination showed relaxation of the vaginal outlet and marked cervicitis. The cervix was cauterized successfully, and by insufflation the tubes were later found to be patent. Small doses of thyroid gland were prescribed empirically, and the patient was advised to return for further investigation if sterility persisted.

She was next seen on July 14, 1934 (about two years after the first examination), because of rather profuse vaginal bleeding which had been present for nine days. The previous periods had been of usual duration. She also complained of some lower abdominal pain, for which there was no explanation except possibly constipation. The hemoglobin was 70 per cent. A trial of rest in bed and large doses of the anterior pituitary-like hormone were without effect, the bleeding actually increasing. On July 18 a diagnostic curettage was done, and the pathologic examination showed tuberculosis of the endometrium.

The curettage having no effect on the bleeding, the patient was again admitted to the hospital. There was now a slight fever with moderate leukocytosis, and the pain was localized to the left lower abdominal quadrant. Roentgen-ray of the chest gave negative findings for active tuberculosis. There was a further decline in the hemoglobin. The fever soon subsided, and on August 3, about four weeks after onset of the bleeding, an operation was performed consisting of total hysterectomy, bilateral salpingectomy, and left ovariectomy. Serious postoperative shock was successfully treated by blood transfusion and other supportive measures. Pathologic examination showed no evidence of tuberculosis outside the uterine cavity. There was a hemorrhagic follicle cyst of the removed ovary—a probable explanation for the lower left quadrant pain.

Since operation this patient has been seen frequently and has shown no demonstrable tuberculosis elsewhere in the body. In January, 1936, acute appendicitis and appendectomy gave an opportunity for inspection of the pelvic cavity. The right ovary had become cystic and was removed but was not tuberculous. X-ray of the chest was again negative.

This case demonstrates tuberculosis of the uterus with the common manifestations of sterility, bleeding, and the more variable symptom of pain. We question the apparent limitation of the disease to the uterus since accepted opinion holds that tuberculosis above the internal cervical os is always associated with a focus or involvement elsewhere. This is a clear indication for prolonged observation and after-care. In deciding on operative treatment, the patient's desire for another child was no contraindication, as pregnancy in any type of uterine tuberculosis has been reported only a few times. Continuation of the bleeding developed a

situation too urgent for even a trial of more conservative measures. Indeed, conservative treatment usually fails to prevent extension, and dissemination of the disease, while radical operative removal is fairly effective against these dangers.

Case 2.—The patient was a married nulligravida, thirty-four years old, who complained of leukorrhea and lower abdominal pain which had been present several years but had recently become severe. Menstrual periods were undisturbed. A year previously she had had incision of the vaginal outlet for dyspareunia.

Pelvic findings were uncertain due to pain and a thick abdominal wall, and on December 20, 1928, an examination was done under anesthesia. The uterus was forward and normal in size. The right adnexa could not be definitely outlined, but on the left there was a large, rather firm, somewhat irregular mass involving the tube and ovary. The cervix was cauterized. A week later laparotomy showed the left tube and ovary involved in an inflammatory mass which was firmly attached to surrounding organs by thick, dense adhesions, some being as broad and half as thick as two fingers. Typical tubercles were seen on the surface of the tube. The right ovary appeared normal, but the tube on that side was somewhat enlarged and nodular. Bilateral salpingectomy, left ovariectomy, and supra-vaginal hysterectomy were done. Great difficulty was experienced in freeing the left tubo-ovarian mass, the larger and densely attached adhesions being ligated and cut rather than separated from the bowel because of the evident danger of perforation.

The postoperative course was essentially uneventful, the temperature never going above 100° F. At operation the indication for total removal of the uterus was recognized, but due to the already complicated situation subtotal hysterectomy was chosen as the easier procedure. A year later the stump of the cervix was removed up to the peritoneum by the vaginal route. No evidence of tuberculosis was found. The patient has since been under observation by her family physician and also has been seen several times for treatment of recurring trichomonas vaginitis. She has never shown tuberculosis elsewhere. It is interesting and rather typical that neither of these patients had infection of the urinary tract at any time.

In discussing the treatment in this case it is to be noted that here, as is so often true in tuberculosis of the pelvic organs, the real condition was not known beforehand. However, pelvic inflammatory disease of some kind was evident, and operation for this was indicated because of severe pain. With the nature of the inflammatory process recognized, radical removal of all infected organs became necessary both for the relief of the patient's symptoms and as prophylaxis against the usual progression and possible dissemination of the tuberculosis. Preservation of the right ovary might be criticized, though its apparent freedom from disease and the known resistance of the ovary to tuberculosis was thought to be sufficient reason. Conservative surgery in regard to

the tubes and uterus is, however, rarely justified as both tubes are diseased in over 90 per cent and the uterus in at least 50 per cent of the cases.

Both of these cases illustrate the usual uncertainty in the diagnosis of pelvic tuberculosis. In the first instance the condition was unsuspected until diagnostic curettage was done, though perhaps the sterility should have been suggestive. At least one authority goes so far as to recommend curettage in all cases of sterility in order to rule out tuberculosis. In the second case diagnosis was made only after the pelvic organs could be inspected, and this seems to be in accord with common experience. Jameson states in his recent book that unless there is a definite suggestion such as general tubercular peritonitis or the patient a virgin, the differentiation of tuberculous salpingitis from other types of pelvic inflammatory disease is pure guesswork. There is nothing characteristic in either the temperature curve or the blood count. Little reliance can be placed on the presence or absence of clinical tuberculosis elsewhere as less than one-half of the proved cases show such findings. And, on the contrary, gonorrheal salpingitis may well be associated with an active pulmonary condition. The reported occurrence of a focal reaction in tuberculous pelvic organs following injections of tuberculin has proved to be variable and unreliable as a test. It may be mentioned here that the ordinarily simple procedure of diagnostic cul-de-sac puncture is usually inadvisable because of the grave risks of secondary infection and permanent fistula. Exploratory laparotomy is preferable. Unfortunately, the gross findings even at operation are not always distinctive, and the final diagnosis in doubtful cases may depend on microscopic examination or animal inoculation. In this connection, it should be added that in our experience not only pelvic inflammations from other organisms but also endometriosis with dense adhesions may be a cause of doubt both before and after the abdomen is opened.

A further word about treatment. In contradistinction to pelvic infections of other

kinds, the present tendency is toward surgical treatment in tuberculosis—radical surgery. Experience seems to have shown conclusively that rest in bed and other conservative measures are ineffectual as a rule. Roentgen-ray (not radium) therapy has some advocates, and apparently it does sometimes have sufficient ameliorating effect as to justify its use where operation would be too dangerous or has been tried and failed. Recently, the question of the best procedure for pelvic tuberculosis in patients who are under treatment for pulmonary involvement has aroused interest though as yet it cannot be answered categorically. In general, however, the best opinion favors the radical removal, if feasible, of infected pelvic organs when they are definitely retarding recovery—especially if non-operative treatment has failed. The initial surgical risk is apparently not much greater than that for chronic gonorrheal pelvic inflammatory disease, and the final recovery rate in comparative studies seems to be definitely in favor of operation. It is perhaps unnecessary to restate the important fact that ether anesthesia is distinctly contraindicated in tuberculosis, and that one of the less irritating gases or spinal anesthetic should be used.

Summary

Pelvic tuberculosis is far from uncommon. Its differential diagnosis is usually difficult because of the absence of typical symptoms or signs. The final diagnosis frequently depends on diagnostic curettage in tuberculosis of the uterus and on laparotomy in salpingitis. Treatment is primarily surgical as a trial of conservative measures will be almost certainly unsuccessful in preventing progression and dissemination of the disease. When operation is decided on, radical removal of the pelvic organs is usually advisable since tuberculosis renders them useless for their child-bearing function and the tuberculous involvement may be unexpectedly widespread. Tuberculosis of the pelvic structures is thought to be only the local manifestation of a systemic disease and indicates a search for involvement elsewhere as well as the necessary gynecologic treatment.

Owing to the printing of the program of the 71st Annual Meeting, also the reports of the standing committees, in this number of *THE JOURNAL*, it was found necessary to hold over until October three papers that were to have appeared in the September number.

President's Page

THIS will be of the nature of a farewell. Two years ago, I was made president-elect of the Michigan State Medical Society which gave me a year to get on to the duties of president, which position I have held during the past year. The associations I have had during this two-year period have been most pleasant, and I have been in a position to learn a number of things. Anyone who accepts the presidency of this society with its large membership, in these rapidly changing times, must expect to make personal sacrifice for the good of the state medical society. He is on call at any time and to any place in the state to give addresses, and to advise with various committees. One gives of his best and he in turn reaps experience.

I wish here to pay my sincere regards to the delegates and other officers of the Michigan State Medical Society. These other officers include seventeen councillors and members of twenty-seven committees and seven sections of the society as well as the personnel of the executive office at Lansing. I have learned that these men whom you have chosen to carry out the multifarious details demanded by our state organization are all sincere and giving of their best in the interests of the whole. It is unfortunate that every member of the society cannot be in the position to view the activities of all the elected officers, councillors, committeemen and executive staff as the president is. If it were possible, the feeling would be one of universal gratitude. They have carried out the injunction of Theodore Roosevelt printed at the head of the editorial department of this JOURNAL each month, namely, "Every man owes some of his time to the upbuilding of the profession to which he belongs."

While much has been accomplished, much yet remains to be done; but the affairs of the society are all in good hands. I take this opportunity to thank one and all for this wholehearted co-operation in the interests of Michigan medicine.



President of the Michigan
State Medical Society

THE JOURNAL

OF THE

Michigan State Medical Society

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SEPTEMBER, 1936

*"Every man owes some of his time to the up-
 building of the profession to which he belongs."*

—THEODORE ROOSEVELT.

EDITORIAL

MORE THAN SCIENCE REQUIRED

IN this number of the JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY appears one of the most attractive and complete programs ever offered by any state medical society. It marks the latest milestone in the progress of scientific medicine. The addresses which will be preserved in subsequent numbers of this JOURNAL are authoritative in their scope, for the time being, for there is no finality in science. Real knowledge is not proven false; it is extended and new facts are discovered. The program of the seventy-first annual meeting of the society may be considered to represent the latest experience of the profession.

We require all this and more. In the July number, we commented on resolutions adopted by the House of Delegates of the American Medical Association on the subject of requiring more of the applicant for a medical license than academic standing. There is the patient-doctor relation that is being constantly emphasized especially by the medical profession. This may be cultivated to a large degree; some never acquire what is more adequately termed the art of medicine. It was this rather than the scientific aspect of medicine (which

many of them never had) that made many of the old time physicians great. The art of medicine may be acquired by observation and by association, and here the old time preceptor relationship has proved its great value. The custom is being revived in this state by the medical school of the University of Michigan. In the future, then as in the past, the physician may come to be looked upon as an expert helper and health advisor rather than disease curer. The art of medicine emphasizes the personal feature, psychology; the science of medicine emphasizes the disease.

"It is to be hoped," writes Sir Henry Brackenbury,* "that the picture of the doctor at the bedside as a helpful and comforting angel may still be generally true; but to depict him as an almighty being exorcising a disease by some magic or mysterious procedure, or effecting a cure of and by himself without reference to the patient or his attendants, is altogether irrational and erroneous. There may be a few exceptional cases or particular morbid conditions in which events may seem to partake of the miraculous, but even in such cases it is usually quite easy to see and to appreciate that the doctor has been dealing not with a disease but with a situation. He has been a sympathetic and skilful human helper, and not a magician. Unless he is able to handle a human situation, however full of other knowledge he may be, he will never become a supremely effective medical practitioner."

WHO WANTS SOCIALIZED OR STATE MEDICINE!

THIS is the title of a brochure of twenty-six pages, published under the auspices of the Public Relations Committee of the Michigan State Medical Society. Each member of the society will receive a copy of this pamphlet in an envelope with the title in white and red letters on a black background. This piece of mail is not of the sort that should find the nearest route to the waste basket without being read. In the editorial department, page 566, appears an editorial entitled "Propaganda." It is just to such stuff as appears in lay publications from time to time that the little pamphlet will serve as an antidote. A copy has been mailed to the secretaries of other state societies, and numerous requests have been sent in for the privilege of reprinting it in other state society journals or to procure copies, numbering into the hundreds, for distribution outside of the state.

Who Wants Socialized or State Medi-

*Patient and Doctor—Sir Henry Brackenbury. Hodder and Stoughton, Publishers. London, 1935.

cine? is gotten up in a neat and attractive way and with a striking cover design. The booklet classifies the people who do not want state medicine as the public, the patient, the farmer, the employed person, the taxpayer and physician. Among those who are advocating it are (still quoting from the cover of the brochure) the profit seekers, the paid reformers, the unscrupulous politicians and the philanthropists' paid agents. With the captions mentioned, we have developed in terse, concise form, a discussion of each in relation to the general subject. The Public Relations Committee have not contented themselves by mere categorical statement of fact, as convincing in itself as this might be, but have given factual data in the way of statistics which show what has been accomplished by medical science in the matter of efficient medical care. Every reader is strongly urged to become so conversant with the facts here printed that he can render innocuous the careless statements of the propagandist.

Since each member of the society will receive a copy of this brochure, its republication in the JOURNAL in this state will not be necessary, though in other states it may appear in the pages of the state journals.

HOBBIES

THE first hobby exhibit to be staged by the Michigan State Medical Society will be presented at the annual meeting. Many hobbies are of such a nature that they cannot be exhibited, as specimens. The Wayne County Medical Society, for instance, during the past year or two has within its membership a number of physicians who have cultivated music intensively and as a result we have a symphony orchestra and also a glee club of high merit. At least one or two numbers on the program for the president's night will be supplied by the doctors' orchestra. A dramatic club of physicians has also acquitted itself with credit.

The hobby exhibit will consist of art and craftsmanship in a broad sense. There is sufficient evidence that many physicians of the state are skilled in the use of the brush as seen in two or three hobby exhibits already presented before the Wayne County Medical Society. Of course, physicians' wives and families are also included as exhibitors. Mrs. Milton Vokes has kindly con-

sented to act as chairman of the local committee. The enthusiasm will doubtless be awarded by complete coöperation on the part of doctors and their wives and families throughout the state. One is naturally modest over his nonprofessional efforts, but it should be remembered that all the exhibits are amateur. We like that word (*amare*, to love). Things done for the love of it should surpass those produced from the bread and butter motive.

"Each for the joy of the working,
And each in his separate star,
Shall paint the thing as he sees it,
For the god of things as they are."

PROPAGANDA

"WHO'S stopping health insurance?" This is the opening sentence of another propaganda article which appeared in the July *Forum*; a different paper, also by the same writer, in the *Nation* of August 1st. The article (*Forum*) is written by one who has apparently relied solely upon second hand information, which he garbles to suit his purpose. For instance, he gives Michigan as a state favoring compulsory health insurance. "As a result of this investigation (referring to the investigation of Drs. Luce and Sinai in England) the Michigan Society adopted in April of 1934 the mutual health service plan recommended by its Committee on Economics and approved by its House of Delegates." As everyone knows, this vote was rescinded and that the Michigan State Medical Society through its House of Delegates went on record as favoring further study of the matter of the economic features of medical care. The Michigan State Medical Society never was and is not now in favor of compulsory health insurance. A query to the secretary would have resulted in an answer that would set the author of these articles right.

This author also pays his respects to the American Medical Association, leaving the impression with his lay readers that the medical profession is dominated by the A. M. A. in spite of its efforts to be free. Any member of the profession who may be expelled from or denied membership in the A. M. A. is a courageous hero, progressive and according to the author, one of the independent minds in medicine. Were he to turn his attention to the legal profession,

he would probably feel kindly to those members who, whether through lack of qualifications, or other cause, were denied admission to the American Bar Association. The fact of the matter is, the American Medical Association is an organization democratic in principle, comprising the entire medical profession who are willing to recognize certain standards of ethical conduct and practice. It is governed by its House of Delegates chosen from the members of state medical societies all over the United States. The process of selection is eminently fair to every physician in the national organization. Dr. Fishbein would be surprised to feel (according to the writer of this propaganda article) that he is the dominating spirit or fascistic leader of the medical profession.

The policy of organized medicine in the United States is dictated by a House of Delegates which is as representative if not more so of the medical profession of this country as congress is of the population at large.

What can be more absurd than an outsider, a newspaper writer, rushing in where angels fear to tread, to call anyone reactionary who does not fall in line with his pet scheme for the socialization of medicine. To the uninformed, or only partially informed, however, such articles as appear from time to time in the lay press are likely to have their effect. Readers, as a rule, are not critical.

We do not believe that there is any desire on the part of the people at large for compulsory health insurance or socialized medicine. The writer has discussed it with lay men and women and has found that every time the subject had to be introduced by an explanation. The average layman does not know what one has in mind when he refers to state or socialized medicine. If there were any marked demand for it, this demand should surely be voiced by the people who might be more intimately affected by it, instead of by propagandists who seek to work up a demand for socialism. Every doctor should be aware of these insidious attempts to interfere with the independent practice of medicine.

Patient: "You know, this is my first illness."

Kind Visitor: "Well, let's hope it will be your last!"—*Western Producer*.

DON'T DETOUR*

By J. M. ROBB, M.D., Detroit

GENTLEMEN of the graduating class: Tonight you are at the gateway of a new endeavor in your lives. Tomorrow, most of the restrictions that are represented in the institutional life of the hospital, the college, and the schools through which you have gone will be loosed and you will be free, in a fairly general way, to pursue your course in life. You have been directed by the guiding hands of the executives of these institutions. Whether you realize it or not, many, by precept, example, and advice, have steered you along the great road of thought characteristic of the Doctor of Medicine. As you pass on your way there is one slogan that I would like to leave with you and that is, "Don't Detour." One of the first medical meetings of any importance which I was privileged to attend was a dinner given to the late Dr. J. H. Carstens, in his fortieth year of practice. Dr. Theodore McGraw, Sr., gave the main address. In his opening statement he said, "I have a theory, perhaps all my own, that if a man lives long enough he will get exactly what he deserves." As one goes through life this seems to be fairly generally true.

Gentlemen, you will not be long in practice before a hard problem in a patient's illness will present to you. Seeing the difficulties arise you may feel that you wish to obviate these difficulties. You may wish to escape the abuse which is inherent in the practice of medicine in difficult cases. If you need help call counsel. Never be ashamed to ask for advice, but with or without counsel, "don't detour." Face the matter squarely, analyze the situation and conquer it, and when you are through you will have made yourself a better physician and a better man.

At once, in the development of your own practice, economical and financial problems present themselves in which you will be looking for some revenue to take care of your immediate expenses. There is probably no place in the business of life where, at least temporarily, financial gain can be made by fooling the public. You must learn immediately that you cannot fabricate

*Talk given to the graduating house officers of Receiving Hospital, Detroit.

medicine as you would an automobile. Medicine is a hard mistress and continuity of effort is one of its first essentials. Do not permit the offers of rapid turnover with poor quality of medical care to entice you into the wrong course. In other words: "Don't detour."

In a comparatively short time you will be confronted with the ethical problems in medicine and perhaps some of your business associates may feel that our traditional ethics are nonsense and that they have no place in the life of modern civilization and business. This is not true. When we are defending the lives of humankind it is necessary that ethics be kept continuously at its highest point. There is no profession, no people, so exposed to temptation as the doctor. In all these ethical and moral problems, "don't detour."

It is unfortunate that the man who goes out into practice has not the help of a preceptor, who, through the first few years, can guide him. The preceptor is pretty much a thing of the past; nevertheless, the medical society has men in it whom you can follow. Choose your ideal, realizing that at many times some selfish trends may have to be given up. More and more, it would seem that we have to become a part of the community life and we must realize that a worthy cause cannot be worthily conducted if we put our personal interest and our personal safety first.

Attend medical meetings with regularity, realizing that there are two types of physician, those who are learning and those who are forgetting, and that you are being watched not by a few but by many. Frequently, as the young man enters practice, he has a feeling that perhaps only a few of his immediate friends are watching him. He will realize afterwards that the entire community keeps some scrutiny over him. All through your entire practice, but particularly in the earlier stages, you will meet with adversity. Realize this: Adversity rightly met leaves one better than before and in the presence of this adversity keep in mind the slogan: "Don't Detour."

Hill-Billy

Visitor: "How far is it to Washington?"

Native: "Wa'al, I don't rightly know, but I'll call Eph. Eph'll know. He's travelled all over. He's got shoes."—Anon.

A MOMENT OF MEDICAL HISTORY

THE HYPODERMIC SYRINGE

By WILFRID T. DEMPSTER, Sc.D.

THE actual development of the hypodermic syringe and its almost universal acceptance in medicine occupied scarcely more than a decade. The idea, however, that the subcutaneous tissues might be an effective region for application of drugs was not so rapid a development. True, the intravenous injection of medicines had been extensively tried during the latter seventeenth century and again in the early nineteenth century. The technic, however, was hazardous from the standpoint of infection, air embolism and lack of pharmacological knowledge. Accordingly, it did not become a reliable method until recent times—many years after the hypodermic method had become standard.

From early times, the oral administration of drugs had been supplemented by the external application of medicines either as amulets or as poultices, salves and cataplasms whose virtues were supposed to be absorbed. It was not till the latter eighteenth and early nineteenth centuries, however, that serious attention was given to the physiological aspects of skin absorption. By this time, the importance of the lymphatic system as an absorptive mechanism had been recognized. The absorptive properties of the skin, however, were uncertain.

Brera, in 1800, proposed the use of vigorous rubbing of the skin as an aid to the penetration of animal fluids and other substances through the body surface. Michael Ward of Manchester, in 1809, rubbed opium into the skin and decided that opium by this method was more valuable than when given by mouth. Chrestien used mixtures of therapeutic substances with saliva, pancreatic juice or bile for rubbing into the skin or mucous membranes. Wardrop rubbed drugs into the tongue and gums for therapeutic action; Cirillo used the foot sole and Forget the axilla for this purpose. For a time, the electrical current was used to promote the penetration of a drug, usually iodine, through the skin surface. This was tried by Hassenstein in 1833 and by Klencke in 1845.

During the early nineteenth century, many studies were made on the penetration of gases, liquids and solids through the skin. A number of these had particular reference to balneology, different mineral baths being investigated to determine their specific effects. On the other hand, carbon dioxide, iodine, mercury, liniments, salves, oils, colloids and poisons were investigated. It was found that the epidermis was resistant to absorption and what penetration there was occurred through follicles and sweat glands. Experiments on the absorption of drugs or poisons showed that most rapid effects were obtained with intravenous injection. Next, in absorptive value were open wound surfaces, serous membranes and mucous membranes. The skin was most resistant.

That the subcutaneous tissues were regions of ready absorption had been shown in the latter eighteenth century by Fontana's studies on snake venom. Similarly, Benjamin Brodie, in 1811, demonstrated the rapid effects of such poisons as woorara (curare), tobacco, aconite and oil of bitter almonds when applied to wound surfaces of rabbits and guinea pigs. He made a wound with the blade of a scalpel and smeared a watery paste of the poison on the raw surface. Poisons thus applied killed animals quickly and produced distinctive post mortem characteristics.

A practical therapeutic method of introducing drugs below the epidermis was devised by Lambert and Lesseur in 1823. Blisters were produced on the skin and the raised epidermis was removed. To the denuded surfaces, morphine was applied. The treatment was of most value in neuralgia, and various technics for raising blisters appeared. These included the use of ammonia or caustics and the application of hot metal. A small metal hammer had been devised for application in the blistering technic. Such methods had the disadvantage of being painful and of leaving permanent scars, but, even so, the technic was widely used. Val-leix, in 1841, applied blisters immediately over the painful points in neuralgia and emphasized the value of local application of morphine.

Another technic resembled the inoculation of vaccine by Jenner's method. It was suggested, in 1836, by Lafargue of St. Emilion. In this, the tip of a lancet was moistened and rubbed into morphine or other substance to be inoculated. Then the lancet was

plunged almost horizontally below the epidermal surface carrying some of the drug into the skin. Both local and general effects were claimed for the inoculation of morphine by this method. Other drugs, such as belladonna, strychnine, quinine and digitalis, were introduced by inoculation. As a modification of the original Lafargue technic, tiny pellets of drug were inserted into punctures made into the skin with a lancet or with a trocar and canula. A Dr. Washington of New York, in 1837, scarified the skin over the lumbar region in patients in painful labor and rubbed morphine into the wound for its soothing effect. Two years later, Washington and Taylor are said to have inserted the nozzle of a small Anel syringe into a lancet puncture through the skin to inject fluid drugs. The Anel syringe was a small instrument designed particularly for irrigation of the nasolacrimal ducts. The inoculation of drugs by the Lafargue method or its modifications, though used for a time, was not as important as the endermic or blistering method.

A Dublin physician named Rynd was probably the first to use a true hypodermic method. In 1845, he reported his experiences in the subcutaneous injection of morphine in cases of neuralgia. The fluid injected was a solution of morphine acetate dissolved in creosote. Some years later, Rynd described his injection instrument. It consisted of a fine canula having a small dilated reservoir at one extremity, this end screwing into a handle. A sharpened needle or trocar projected through the canula. In practice, the trocar and canula were pushed through the skin into the subcutaneous tissues, then by a spring mechanism the needle was suddenly withdrawn from the canula into the handle of the instrument. Fluid in the reservoir could then flow by gravity into the subcutaneous tissues. Rynd's instrument, though apparently successful in the subcutaneous treatment of neuralgia, did not receive attention outside of Dublin, and it was a decade later before the hypodermic method came into extensive use through the publications of Alexander Wood.

Progress in the hypodermic method, however, awaited developments in another field. For the treatment of aneurisms, it had been suggested by Monteggia that the coagulation of blood in the aneurismal sac would be helpful. The suggestion, however, was forgotten until 1835 when Leroy d'Étioles at-

tempted to obliterate arteries by the injection of alcohol. Wardrop, in 1841, injected acetic acid into aneurisms using Anel's syringe. Three years later, Bouchart considered the use of sulphuric acid. In 1850, Pravaz of Lyons, who had been studying the coagulation of blood by the electric current, turned his attention to the coagulation of blood by chemicals. Animal experiments indicated that perchloride of iron was an effective coagulator. Pravaz perfected the technic of coagulating aneurisms with perchloride of iron and adapted for this purpose a small one cubic centimeter syringe of a type which had been used in physiological experiments by Claude Bernard. The instrument made of silver was five centimeters long and was provided with a fine hollow canula of the same length tapering to a one millimeter opening at the end. When the piston handle was twisted, each half turn ejected one-thirtieth of a gram of fluid. The Pravaz technic of coagulating injection along with the syringe came into extensive use in the treatment of both aneurisms and naevi.

In 1853, the year of Pravaz's introduction of perchloride of iron injection, Alexander Wood used a Ferguson syringe for injecting a naevus. Being interested in neuralgia and having used the blistering method of applying morphine, it occurred to him that the tiny syringe would be superior to blistering in the treatment of neuralgia. Wood, following the principles of Valleix for local application of morphine, attempted to inject the solution as close to the afflicted nerve as possible. He used Battley's solution of morphine. Within a year of Wood's publication in 1855, a number of Edinburgh physicians had used the syringe for a subcutaneous treatment of neuralgia.

The Ferguson syringe used by Wood was a small instrument having a glass barrel to which was attached a hollow needle with an opening near the point "like the sting of a wasp." The needle was inserted into a fold of skin over a painful spot and the point was directed toward an afflicted nerve and at an appropriate depth. The piston was shoved home and a charge of morphine was delivered near the nerve.

Following Wood's advocacy of the syringe in the treatment of neuralgia, others published on the method, notably Bell, Oliver and Charles Hunter. In 1859, the last began a series of communications on

subcutaneous injection. Following a series of animal and human experiments on the injection of morphine, Hunter used the method not only in neuralgia, but in dilerium tremens, mania, wakefulness and tetanus. He introduced the use of strychnine in injection and was an early advocate of strophine and quinine injection. Hunter used a syringe by Whicker and Blaise, an instrument with a glass barrel and a piston which worked with a screw handle, each half turn of the handle delivering half a minim of fluid at the needle tip. The needles or "pipes" which screwed to the barrel were of silver with hardened gold points. It was Hunter who coined the term upodermic or hypodermic for the method of injection.

In introducing the hypodermic method, Wood had pointed out that the injection of morphine produced both a local and a general effect, and it was the local effect, he believed, which was of greatest significance in the treatment of neuralgia. Hunter, on the other hand, maintained that the value of the method lay in a generalized effect of the drug. Injection at a distance from the painful region was as effective as local injection, was not as painful at application and was less likely on repeated injections to cause irritation. For two decades, users of the hypodermic syringe aligned themselves as supporters of one view or the other. In 1885, Halstead and Corning's introduction of cocain as an effective local anesthetic superior to morphine ended the controversy.

Following Hunter's early articles, medical writers in England and other countries began to advocate hypodermic injection. In England, a committee of the Royal Medico-Chirurgical Society (1867) reported on the efficacy of the hypodermic method. The committee report was of great importance in establishing the injection technic. The effects of injection, according to the committee, were certain, intense and rapid. In some cases, the unpleasant symptoms of oral administration of drugs could be avoided by injection; in others, the drugs were more easily introduced. A further advantage was the economy of the method. The committee advocated the use of clear neutral solutions only and reported on the effects of such drugs as aconite, atropine, morphine, strychnine, quinine, calabar bean, potassium iodide, podophyllum and hydrocyanic acid. It recommended Coxeter's glass syringe, the

Whicker and Blaise syringe used by Hunter, or the more complicated Weiss instrument.

In America, Fordyce Barker was the first to use the hypodermic syringe, in 1856. It was a gift from Professor Simpson of Edinburgh and resembled the instrument used by Wood. Most American syringes were modifications of this early instrument, the earliest models being made by Tieman and Co. This firm made a number of designs of syringes using silver, glass, hard rubber or composition barrels. Needles were made of steel, or, to avoid chemical action with injection fluids, gold or gold-plated metals. The piston invariably had a leather packing which was periodically moistened with oil to insure close fitting. The hard rubber syringes were much cheaper than the glass or silver syringes, but most writers condemned them as inefficient.

Most active of the American advocates of hypodermic medication was Antoine Rupaner whose first paper was published in 1860. His manual on hypodermic injection appeared in 1865. During the Civil War period, the hypodermic method became definitely established in America. In 1869, R. Bartholow published his widely used manual outlining the technic of injection, indications for use and formulæ.

On the continent, Béhier made injections of strychnine in paralysis. He also used atropine and other drugs for injection. Other Frenchmen who used the hypodermic method during the early 1860's were Courty of Montpellier and Luton of Rheims. Von Graefe of Berlin introduced the hypodermic method in ophthalmological practice in 1863, and Semeleder used morphine injection in surgical cases. Franque, Scanzoni, Nusbaum and Eulenburg were active in the more general aspects of hypodermic therapy in Germany. In Italy, the method was advocated by Gherini, Gualo and Scarenzio.

At first, European physicians used the original instrument of Pravaz or a modification by Béhier instead of the simpler syringes used in the British Isles or in America. In the Béhier syringe, the canula which screwed into the barrel was provided with an inner canula and a trocar. In the use of such an instrument, the canulæ and trocar were removed. These were inserted through a skin fold; then, the operator removed the perforating trocar and screwed the previously loaded syringe into the canulæ. The

piston rod of the syringe was screwed, each half turn delivering a thirtieth of a gram of fluid into the subcutaneous tissues. A thumb was then placed over the point of injection and the syringe was pulled free.

Though the Pravaz technic was popular in Europe, this method of injection was painful. Air was admitted with the injection and fluid often escaped. The Charrier Co. replaced the trocar and canula with a fixed needle like that of the English instruments. Other French instrument makers further modified the syringe. Matthieu devised a combination screw and sliding plunger. Leur replaced the screw mechanism by a sliding plunger regulated by a set screw. The Leur syringe soon became very popular, particularly in Germany. Usually, the instruments consisted of a graduated glass barrel with silver mountings. Pistons had leather plugs to insure close fitting and the gold or steel needles had sharpened lancet points just anterior to the opening. In Vienna, Leiter made syringes similar to the Leur type, often with hard rubber tubes or fittings. Various companies supplemented the steel or gold needles of the early instruments with platinum-iridium needles or those of platinum coated with steel.

With the Leur type of syringe, the instrument was filled by inserting the needle into fluid and pulling the plunger. Air was expelled with the point upward. To use, the needle was inserted through the skin into the subcutaneous tissues; the plunger was forced home; then the needle was removed while a thumb was placed over the point of injection.

As the hypodermic method came into universal use in the 1860's, syringes were fitted into compact vest pocket cases which were provided with two or three small vials or flasks to contain the most usual solutions. Such solutions were mixed some time before use, filtered and carried in the vials. Because the vials frequently leaked, attempts were made to build reservoirs into the instrument case or screw fluid containers directly to the syringe. Commonly, a weighed quantity of powdered drug was put into paper packets to be dissolved before use. About 1880, drugs were prepared in small gelatine discs, but these were slowly soluble. In 1880, L. Wolff and H. A. Wilson recommended the use of soluble compressed pellets or tablets in which the drug was mixed with sodium sulphate or sodium

chloride as a matrix. The pellets were to be inserted into the syringe with an appropriate amount of water to produce a suitable solution for injection. These were stable, accurate as to dosage and convenient.

The hypodermic syringe was used not only by physicians but by physiologists and bacteriologists. The latter, beginning about 1870, used the syringe for inoculating experimental animals with organisms or viruses. To avoid contamination, such a technic demanded sterilizable syringes. The first aseptic syringes were those of Straus and of Roux. Gradually, the importance of sterilizable syringes was forced on all users of the instrument and manufacturers eliminated leather piston packing and other sources of contamination. The all-glass syringe and plunger, together with stainless steel needles, became a standard instrument during the last few years of the nineteenth century.

The Doctor and the County

Th' ither nicht Geordie MacIntosh wis tellin' me what a fine thing it was that a' th' poor people noo cud hae a' their operations done for naithin' an' th' Doctor paid by th' countv.

An' ah says, "Geordie, did ye ever stop tae think of ony worthy poor person wha needed an operation that didna get it, whether he had monie or no?"

"Weel, noo that ye come tae speak o' it. Weelum, ah dinna think ah hae. On th' contrary ah'm mindin' o' Sandy MacTavish's lad, Tam. Tam MacTavish wha lives doon th' road here at th' corners. Weel, ah mind that stormy day aboot ten year ago when Tam got sae badly hurt i' th' woods an' auld Dr. Fraser cam oot frae Dover an' took Tam intil th' hospital in his ain wee sleigh throug th' deep snow an' mony snow drifts. Weel, he kept him there for sax lang weeks, lyin' there atween life an' death. I mind it wis spring afore Tam came hame. Weel, Tam didna hae a rag tae his name then, an' noo, ah'm ashamed tae say it, bit say it ah must, Tam hasna paid th' Doctor yet. An' th' Doctor noo, great man that he was, is a' crick an crippled oop an' ah wis hearin' jist yesterday that he's nae for leavin' his bed much noo, an' he hasna much tae leave th' family—jist a heritage o' fifty years o' personal service weel done tae maist a' th' people roon aboot."

"Aye," ah says, "nae ane ever suffered for want o' a Doctor."

WEELUM.

A Scotchman who had lost his way on the Alps was found by one of the St. Bernard dogs. He helped himself to the flask of liquor, patted the dog and settling himself comfortably, said, "Noo, gang and bring the hale pack o' dogs wi ye."

Whistler, the artist, was trying to help a fellow-artist out by getting his picture displayed at the exhibition. Hot with rage, Whistler's friend came rushing to him with the story his picture was hung on the wall, but upside down. "Hush," said Whistler to him, "Let it stay that way—it was refused a place the other way."

MEDICO - LEGAL DEPARTMENT

GET COMPLETE CONSENT IN WRITING BEFORE YOU OPERATE

By Herbert V. Barbour, Detroit†

THE editor of your JOURNAL has asked me to prepare some article on "Malpractice" that I thought would be of interest to both the general practitioner and the surgeon. He made no mention of the subject, so I am taking the liberty of reviewing a case which I recently tried which illustrates the value of a written consent to an operation as well as other points that should be known to the medical profession.

Two doctors were charged jointly with having been guilty of malpractice, and with having been guilty of committing an assault upon the patient. The plaintiff, a girl of twenty-one years, consulted a physician and surgeon, and the surgeon, after an examination, ordered the patient to rest at home for a few days. At the end of approximately a week the surgeon was called again and he suggested that the patient be sent to a hospital for further examination and diagnosis. This the patient did and the attending surgeon called another surgeon who made an independent examination and the two surgeons agreed that the patient should be operated for appendicitis. The patient signed the following card:

PERMISSION FOR OPERATION

Permission is hereby granted to authorities of.....Hospital, Doctors..... and....., for such procedures as may be necessary in the case of.....

APPENDECTOMY

(Insert detail of procedure)

This card was signed by the plaintiff and she admitted she read the card before signing. Plaintiff was then taken to the operating room. The chart showed that her temperature was 98.4 degrees, pulse 84, character of pulse—good. After the removal of the appendix, the surgeons, after some further explorations, discovered a condition in the fallopian tubes which they considered warranted their removal, and without obtaining the consent of the patient, but after consulting also with the anesthetist, who was also a surgeon, proceeded to remove the tubes.

†Mr. Barbour is attorney for the Medical Defense Committee of the Michigan State Medical Society.

The appendix and both tubes were sent to the laboratory for microscopic examination and the report, which was not very complete, stated that the tubes showed thickened placations with intact mucosa. The outer layers showed marked congestion, edema and round cell infiltration. Some areas show small hemorrhages, early acute salpingitis. Attorneys for the plaintiff dismissed the charge of malpractice; that is, they offered no proof of unskillfulness in the performance of the operation, but based their claim purely on the assault. Our Supreme Court has held that a physician is guilty of assault if he performs an unauthorized operation.

With the question of malpractice removed, two points remain. First, did the plaintiffs perform an unauthorized operation? This depends on a construction of the consent to the operation, and the Court held that since the consent specifically mentioned only appendectomy, that the surgeons had no legal right to do more than remove the appendix unless: Secondly, an emergency existed which legally means danger to life or health, if the operation is not immediately performed.

Testimony was introduced by the defendant as to the custom, in the hospital, of surgeons operating under a similar form of consent, to exercise their best judgment in performing a different operation than intended, if in their judgment it was necessary. The Court, in charging the jury, held that the patient could not be familiar with any such custom and that it was not binding on her.

The plaintiff offered medical testimony that the removal of the fallopian tubes as shown by the microscopic examination, was not an emergency operation. The defendants, on the other hand, offered testimony by outstanding state surgeons that if the fallopian tubes were inflamed and there was evidence of pus and the tubes were greatly swollen, they considered such condition amounted to an emergency and the surgeons were justified in the removal of the tubes.

The Court held, in its charge to the jury, that the written consent to the operation did not permit removal of the fallopian tubes as a matter of law. He further charged that if the jury believed the tubes were in such condition as to endanger the life or health of the patient, then an emergency

existed and the doctors would not be liable for their removal. On this point the jury disagreed and there must be a retrial.

The lessons to be learned from this case, as I see them, are as follows: First, if you secure the written consent do not specify any particular operation but have it read something like the following: "*Permission is hereby given, or I hereby authorize and request Dr. ——— to operate on me for whatever condition he finds after an incision, and to do whatever he deems necessary in operating on me.*" Second, if you suspect operation may be necessary which would render a patient sterile, be sure to obtain the written consent of the patient or of someone who has authority to speak for the patient. If the patient is unable to do so for herself and if you do operate without written consent be sure your microscopic findings will substantiate your claim that you discovered an emergency operation was necessary after starting the operation, and that you had discovered your previous diagnosis was in error or incomplete.

The question has been asked me as to whether or not a doctor would not be subject to a suit for malpractice if he discovered a condition during the operation which he did not anticipate beforehand—and if he did not operate on such unknown condition? Also it has been stated to me, many times, that it was the usual and ordinary practice if a surgeon discovered a condition which he did not anticipate, to extend the operation to save future trouble and a second operation.

In answer to the question, it seems to me that the surgeon might well be charged with failure to do his duty if he discovered a condition dangerous to life and health of the patient, and did not extend the operation to care for this condition. Certainly it would seem to be the common-sense view but the writer is not familiar with any decision covering this exact point.

Just a Sample

It was a sultry day, and the two sailors had just been released from a hot spell of duty aboard.

Immediately they reached shore, they made a bee line for the first public house they saw, and ordered two quarts of ale.

The men emptied their tankards in one draught, while the barmaid looked on in undisguised admiration.

The man who had paid stood a second or two wetting his lips meditatively, and then turned to his comrade with a grin. "'Taint so bad, Bill, is it?" he remarked. "Shall we have some?"—*The Humorist*.



THE DETROIT WATERFRONT

THE 1936 ANNUAL MEETING

DETROIT. What can be said about it that is not already known, not only to the medical profession of Michigan, but to the whole world? It is the metropolis of the state. Historically, it is the oldest settlement west of Montreal, unless Sault Ste. Marie can claim priority as a rendezvous for the voyager on his westward march. Detroit has had its historical vicissitudes. It has been under English, French and American rule. Not only historically, but commercially, has it had its cycles, its depressions from which it has emerged triumphantly as it is doing at the present time.

During the past quarter of a century, no other city in the world has experienced such a phenomenal growth. Malthus, the noted author of a work on population, would have to evolve a new theory of population were he living in Detroit today. The city's increase has been chiefly among young adults attracted here by the many advantages offered to the industrious worker.

The story of the automobile is so well known that it will scarcely bear repeating. Thousands of visitors to the city as well as delegates to conventions (for Detroit is preëminently a convention city) visit the automobile plants of the city each year. Chrysler, General Motors, Packard, Ford, Hudson, Plymouth, Dodge, DeSoto, Lincoln, Reo, Hupp, Oldsmobile, Chevrolet, Buick, LaSalle, Cadillac, Terraplane, Graham Paige, and other automobile and truck plants are grouped either in Detroit or within a radius of seventy-five miles. The Detroit area produces ninety-six per cent of all passenger automobiles built on this continent.

This huge output of automobiles necessitates the manufacture of accessories, and demands that Detroit be a shipping center almost second to none.

Not only is this city a center of the largest automobile industry in the world, but it has the largest stove manufacturing plant, the largest adding machine plant, pharmaceutical and electric refrigeration plants. There are one hundred and thirty-three companies manufacturing drugs and chemicals. A number of concerns are engaged in manufacturing airplanes. Detroit has a municipal airport as well as a county airport. It has the largest copper and brass rolling mills and is well forward in the production of salt, marine engines, paints and varnishes, freight cars, vacuum cleaners, twist drills, et cetera. We will not enlarge further on what is seemingly well known to the readers of this JOURNAL.

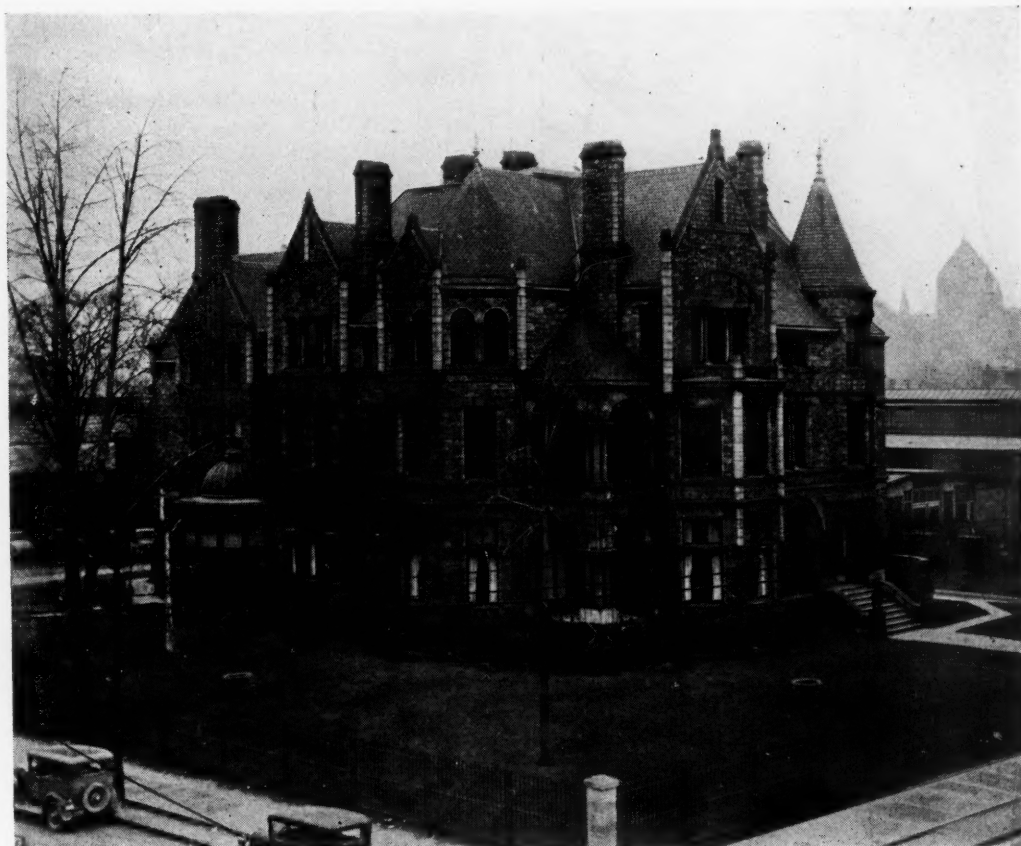
Detroit a Medical Center

Reference has been made to the influx of population. This influx has included hundreds of physicians. The medical profession now numbers two thousand, fifteen hundred of whom are members of the Wayne County Medical Society. Many physicians now in their prime were born and educated in Detroit. Many more have been attracted there as a pleasant place to carve out their future. The medical profession of Wayne County consists of graduates of almost every first class medical school on the continent, besides many who have had training in European medical centers. The result is a high standard in quality of medical care and

THE 1936 ANNUAL MEETING

practice. The Wayne County Medical Society is the fourth largest of its kind in the United States. For the fee charged, no county society offers so much to its members. Among the benefits of the society may

cal Society headquarters are held dinners and many other get-together functions that make for a friendly coöperation among the members of the profession and their wives and families.



WAYNE COUNTY MEDICAL SOCIETY BUILDING

be mentioned the privileges of the club located in the society's home at the corner of Woodward and Canfield Avenue. These quarters were made possible through the generosity of the Whitney family.

The Wayne County Medical Society programs offer a wonderful opportunity for post graduate study each year. They are held each week in the lecture room of the Art Institute. In addition to this, younger members of the society have inaugurated some years ago a Study Club which meets twice a week at noon at the society's headquarters. The upper age limit for members in this club is forty years. Here members present papers of excellent quality for which, at the end of the year, prizes are awarded.

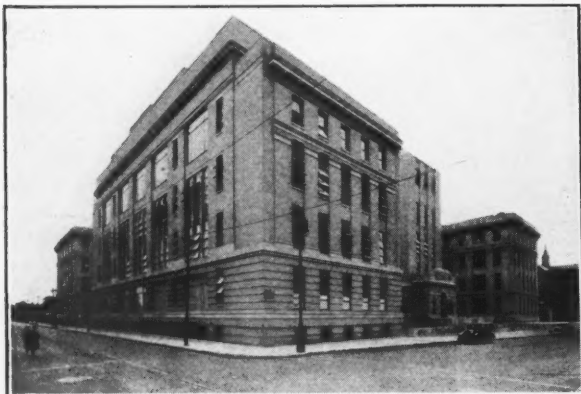
Not only is the academic side of medicine well cared for, but likewise the social features, for here at the Wayne County Medi-

Detroit is in fact becoming a medical center with greater opportunities for post-graduate study. The work inaugurated a number of years ago by the department of postgraduate medicine of the University of Michigan in conjunction with the Michigan State Medical Society held its first sessions in both Detroit and Ann Arbor. The demand for post-graduate instruction has been so pronounced that these courses have been extended to other centers of the state. Detroit, however, with its wealth of material, acute as well as chronic, conditions, is bound to become a great medical center. Nothing but a lack of enthusiasm can hold it back. Since this ennui is not characteristic of the medical profession who have located in Detroit, we can be assured that nothing will retard the progress of post-graduate instruction there.

Detroit is the home of Wayne University,

an institution for the most part, young in years, but with an amazing vitality. It is now a complete university giving instruction not only in academic but in all professional lines, including law, medicine and engineer-

pitals, in particular, are well suited for teaching. Probably no other place in the world are the facilities for the care of patients afflicted with tuberculosis equal to those in Detroit. The Receiving Hospital as



DETROIT RECEIVING HOSPITAL

ing. The old Detroit College of Medicine and Surgery has become an integral part of Wayne University so that it is now known as the Medical Department of Wayne University. The medical school has had a long and honorable history. It has always met the demands of the times. Beginning as a proprietary school, it was eventually taken over by the City of Detroit, when it became part of the municipal educational set-up. The undergraduate teaching is carried on in municipal hospitals, particularly Receiving Hospital. The school has access to the Wayne County Medical Library, which is a part of the general library system of Detroit. The purely academic branches are taught by full-time professors and instructors, while knowledge of the clinical side of medicine is imparted by physicians in active practice.

And here, mention might be made of Detroit's large and splendidly equipped hospitals. The large and smaller private hospitals are well known for their excellent facilities for medical care. The municipal hos-



HERMAN KIEFER HOSPITAL
Tuberculosis Department



DAVID WHITNEY BUILDING

well as the county hospital at Eloise provide untold wealth of material as well as laboratories and other facilities for medical and surgical study.

OFFICIAL PROGRAM—THE 1936 ANNUAL MEETING

Official Call

THE Michigan State Medical Society will convene in annual session in Detroit on September 21, 22, 23, 24, 1936. The provisions of the Constitution and By-laws and the official program will govern the deliberations.

GROVER C. PENBERTHY, *President*

HENRY COOK, *Chairman Council*

FRANK E. REEDER, *Speaker*

Attest:

C. T. EKLUND, *Secretary*

CONVENTION NOTES

Register—Fourth floor, Book-Cadillac Hotel, as soon as you arrive. Admission will be by badge only to all scientific assemblies. Bring your A.M.A. or County Society Registration card to expedite registration. No registration fee to members.

Guests. Members of the A.M.A. from any state, or province of Canada, may register as guests without charge. A welcome is extended to physicians in good standing in their respective county and state societies.

Physicians not members, if listed in the Directory of the A.M.A., may register upon payment of \$5.00. This amount will be credited to them as dues in the Michigan State Medical Society for the balance of the year provided they subsequently make application to their county society and are acceptable thereto.

SECRETARIES' CONFERENCE

English Grill Book-Cadillac Hotel
5:30 P. M. Wednesday, September 23
Refreshments — Dinner — Program
Snappy and Informative Capsule Chats
Adjournment 7:50 P. M.

The Scientific Exhibits are worthy of your careful study. Fifty-two exhibits represent medical progress of real educational value. Exhibits of Radiology, Pediatrics, Surgery, Dermatology and Syphilology on fourth floor; of Ophthalmology and Otolaryngology, General Medicine, Obstetrics and Gynecology and composite exhibit of Eloise Hospital on fifth floor.

Hobby Exhibit in Parlor C, fourth floor. See how many of your fellow practitioners are artists and be amazed at their attainments.

Seventy-two Technical Exhibits deserve your attention. Progress in technical equipment, in pharmaceutical manufacture, new books, foods—all displayed for your interest.

SEPTEMBER, 1936

Bus Service Wednesday and Thursday mornings leaving the Book-Cadillac Hotel at three-minute intervals. Take Fourteenth Street bus to Harper, Grace and Children's Hospitals. These busses go out John R Street.

Parking. Do not park on the streets. Use parking lot on Washington Boulevard, the Detroit Parking Garage near Book Tower, or use parking lots adjacent to Wayne County Medical Society Building, 4421 Woodward Avenue.

Telephone Service. Local and long distance telephone will be available next to registration booth. In case of emergency only doctors will be paged from general and section meetings by announcement on the screen.

Woman's Auxilliary. Registration Monday, Parlor H, fifth floor, Book-Cadillac Hotel. See page 6 for program. Hobby Exhibit in Parlor C sponsored by Woman's Auxilliary. The women have prepared a catalog of all entries; copies may be obtained at the registration desk or in Parlor C. A member of the Auxilliary will be in attendance throughout the convention.

Fraternity and Alumni Banquets. Watch the Bulletin Board for Announcements.

Michigan Branch Medical Women's National Association, Inc., is holding its sessions simultaneously. Several interesting luncheon and dinner meetings have been arranged. The program of these will be posted on the Bulletin Board.

The Public will have the exhibits open to them Tuesday afternoon from 1:00 to 5:00.

Special Event at Detroit Golf Club, Tuesday afternoon. President Penberthy and Henry Cook, Chairman of the Council, will play nine holes (more if Henry can make it) for a \$5.00 a hole side bet. Tony Reeder, Speaker for the House of Delegates, is official booker for other bets. Gruber will caddy for Cook, and Snapp for Penberthy.

Presidents' Dinner Wednesday evening at 6:00 P. M. for past-presidents, officers, councilors and guests. Founders' Suite. By invitation. Formal.

DAILY SCHEDULE

SUNDAY, SEPTEMBER 20

4:00 P. M.—Council Session.

Founders' Suite, Book-Cadillac Hotel

MONDAY, SEPTEMBER 21

9:30 A. M.—House of Delegates.

Grand Ball Room, Book-Cadillac Hotel

2:00 P. M.—House of Delegates.

Grand Ball Room, Book-Cadillac Hotel

7:30 P. M.—Reference Committee Work.

PROGRAM—1936 MEETING



GROVER C. PENBERTHY, Detroit
President



HENRY COOK, Flint
Chairman of the Council



H. E. PERRY, Newberry
President-Elect



FRANK E. REEDER, Flint
Speaker of the House of Delegates

JOUR. M.S.M.S.

PROGRAM—1936 MEETING

TUESDAY, SEPTEMBER 22

- 9:00 A. M.—House of Delegates.**
Grand Ball Room, Book-Cadillac Hotel
- 1:00 P. M.—Golf.**
Detroit Golf Club
- 3:00 P. M.—Baseball.**
Navin Field
- 6:00 P. M.—Golfers' Dinner.**
Detroit Golf Club
- 6:00 P. M.—Council Meeting.**
Parlor H, Book-Cadillac Hotel

8:00 P. M.—First General Session

Grand Ball Room, Book-Cadillac Hotel
Address by CHARLES GORDON HEYD,
Vice President, American Medical
Association.
**Smoker. Wayne County Medical
Society, Host.**

- Obstetrics and Gynecology**
Harper Hospital
- Pediatrics**
Children's Hospital
- Dermatology and Syphilology**
Grace Hospital
- Radiology**
Grand Ball Room,
Book-Cadillac Hotel
- Ophthalmology and Otolaryngology**
Founders' Suite,
Book-Cadillac Hotel

2:00 P. M.—Fourth General Session

Grand Ball Room, Book-Cadillac Hotel

DAILY

Scientific and Technical Exhibits

WEDNESDAY, SEPTEMBER 23

9:00 A. M.—Scientific Sections

- Surgery**
Grace Hospital
- Medicine**
Harper Hospital
- Traumatic Surgery**
Receiving Hospital
- Obstetrics and Gynecology**
Harper Hospital
- Pediatrics**
Children's Hospital
- Dermatology and Syphilology**
Grace Hospital
- Radiology**
Grand Ball Room,
Book-Cadillac Hotel
- Ophthalmology and Otolaryngology**
Founders' Suite,
Book-Cadillac Hotel

2:00 P. M.—Second General Session

Grand Ball Room, Book-Cadillac Hotel

5:30 P. M.—Secretaries' Conference
English Grill, Book-Cadillac Hotel

6:00 P. M.—Past Presidents' Dinner
Founders' Suite, Book-Cadillac Hotel

8:00 P. M.—Third General Session

Grand Ball Room, Book-Cadillac Hotel
President's Night
Biddle Lecture by GEORGE CRILE,
Cleveland, Ohio

THURSDAY, SEPTEMBER 24

9:00 A. M.—Scientific Sections

- Surgery**
Grace Hospital
- Medicine**
Harper Hospital
- Symposium on Fractures**
Receiving Hospital

**Woman's Auxiliary to the
Michigan State Medical Society**

PROGRAM

MONDAY, SEPTEMBER 21

Registration—Parlor H, fifth floor, Book-Cadillac Hotel

TUESDAY, SEPTEMBER 22

**8:30 A. M.—Pre-convention Board Meeting
Breakfast—Book-Cadillac Hotel**

**10:30 A. M.—Annual Meeting—Founders' Suite,
Book-Cadillac Hotel**

**1:00 P. M.—Annual Luncheon — Book-Cadillac
Hotel**

**3:00 P. M.—Baseball, Navin Field, Detroit vs.
St. Louis**

**6:30 P. M.—Dinner and Bridge—Woman's City
Club, Detroit.**

WEDNESDAY, SEPTEMBER 23

9:30 A. M.—Visit to Greenfield Village, Dearborn

1:00 P. M.—Luncheon at Dearborn Inn

THURSDAY, SEPTEMBER 24

**10:30 A. M.—Post-convention Board Meeting—
Book-Cadillac Hotel**

SEPTEMBER 21-24

Hobby Exhibit

Parlor C, fourth floor, Book-Cadillac Hotel

PROGRAM—1936 MEETING

**HOUSE OF DELEGATES
ORDER OF BUSINESS**

Monday, 9:00 A.M., September 21, 1936

1. Call to Order by the Speaker.
2. Report of Committee on Credentials.
3. Roll Call.
4. Appointment of Reference Committees:
 - On Officers' Addresses.
 - On Council Reports.
 - On Reports of Standing Committees.
 - On Reports of Special Committees.
 - On Amendments to Constitution and By-laws.
 - On Resolutions.
5. Speaker's Address—FRANK E. REEDER, Flint.
6. President's Address—GROVER C. PENBERTHY, Detroit.
7. President-elect's Address—H. E. PERRY, Newberry.
8. Address (by invitation)—JUDGE FRANK L. McAVINCHEY, Chairman of Legislative Committee, Probate Judges' Assn. of Michigan.
9. Annual Report of Council.
10. Report of Delegates to American Medical Association.
11. Reports of Standing Committees:
 - (a) Legislative Committee.
 - (b) Representatives on Joint Committee on Public Health Education.
 - (c) Committee on Economics.
 - (d) Cancer Committee.
 - (e) Preventive Medicine Committee.

Recess

Monday, 2:00 P.M., September 21, 1936

1. Supplementary Report of Committee on Credentials.
2. Roll Call.
3. Reading and Adoption of Minutes.
4. Reports of Special Committees:
 - (a) Public Relations Committee.
 - (b) Advisory Committee on Postgraduate Education.
 - (c) Maternal Health Committee.
 - (d) Mental Hygiene Committee.
 - (e) Radio Committee.
 - (f) Advisory Committee Woman's Auxiliary.
 - (g) Liaison Committees for Hospital, Bar, Dental, Nurses' and Pharmacists' Associations.
5. Unfinished Business.
6. Resolutions and New Business.*
7. Reports of Reference Committees:
 - (a) On Officers and Council Reports.

*See By-laws, Chap. 3, Sec. 7. Par. (a).

- (b) On Reports of Standing Committees.
- (c) On Reports of Special Committees.
- (d) On Amendments to Constitution and By-laws.
- (e) On Resolutions.

Tuesday, 9:00 A.M., September 22, 1936

1. Supplementary Report of Committee on Credentials.
2. Roll Call.
3. Reading and Adoption of Minutes.
4. Supplementary Report from Council.
5. Supplementary Reports from Reference Committees.
7. Election:
 - (a) Councilors:
 - 1st District, to succeed Henry R. Carstens, Detroit.
 - 4th District, to succeed C. E. Boys, Kalamazoo.
 - 5th District, to succeed Vernor M. Moore, Grand Rapids.
 - 6th District, to succeed Henry Cook, Flint.
 - (b) Delegates to A. M. A. to succeed:
 - H. A. Luce, Detroit.
 - C. S. Gorsline, Battle Creek.
 - J. D. Brook, Grandville.
 - C. R. Keyport, Grayling.And Alternates to succeed:
 - T. E. DeGurse, Marine City.
 - R. H. Denham, Grand Rapids.
 - (c) Place of Annual Session.
 - (d) President-elect.
 - (e) Speaker, House of Delegates.
 - (f) Vice-speaker, House of Delegates.
8. Adjournment.

Tuesday Afternoon, September 22, 1936

Invitational Golf, Detroit Golf Club
Baseball, Navin Field

Tuesday Evening, September 22, 1936

Grand Ball Room Book-Cadillac Hotel
Address: Society and Organized Medicine—CHARLES GORDON HEYD, Vice President, American Medical Association
Smoker. Wayne County Medical Society, Hosts
Entertainment and Refreshments.

**COUNTY SECRETARIES' CONFERENCE
MICHIGAN STATE MEDICAL SOCIETY**

Wednesday, September 23, 1936

English Grill, Mezzanine Floor
Book-Cadillac Hotel, Detroit

- 5:30 P. M. Convene.
- 6:00 P. M. Dinner. (Complimentary to Officers and Councilors of the Michigan State Medical Society and to Secretaries of County Medical Societies, who shall receive tickets through the mail—two weeks in advance.)
- 6:50 P. M. "How to Stimulate County Society Activities." (8 minutes)
DR. PHIL A. RILEY, Jackson.

PROGRAM—1936 MEETING

- 7:00 P. M. "The Golden Opportunities of Preventive Medicine Procedures." (8 minutes)
DR. HENRY A. LUCE, Detroit.
- 7:10 P. M. "The Crying Need for Better Physician-Public Contact." (8 minutes)
WM. J. BURNS, LL.B., Executive Secretary, Michigan State Medical Society.
- 7:20 P. M. "Unauthorized Practice of Medicine by Insurance Companies, Clinics, Certain Utilities, Hospitals, Factories, and other Corporations." (8 minutes)
DR. FRED B. BURKE, Detroit.
- 7:30 P. M. "What Does the 1937 Legislature Hold for You as a Practitioner of Medicine?" (25 minutes)
DR. H. H. CUMMINGS, Ann Arbor.
- 8:00 P. M. Adjournment.

You Are Invited

REFERENCE COMMITTEES

On Officers' Reports

George Curry,
Chairman
William R. Clinton
Harvey Hanson

F. J. O'Donnell
Carl F. Snapp
C. F. Tossach

On Report of Council

Stanley W. Insley,
Chairman
A. W. Blain
J. J. Walch
R. C. Jamieson

B. R. Corbus
G. C. Stewart
K. M. Bryan
I. W. Greene

On Reports of Standing Committees

L. F. Foster,
Chairman
R. S. Snowden
R. L. Wade
D. W. Hart
F. T. Andrews
W. E. Tew
O. G. McFarland
D. J. O'Brien

A. E. Catherwood
E. A. Stickley
Dean Denman
Otto Beck
E. D. Spaulding
F. H. Cole
A. B. Bower
O. D. Stryker

On Reports of Special Committees

Roy Holmes,
Chairman
H. G. Huntington
A. W. Chase
R. E. Spinks
A. L. Callery

G. Broberg
W. Joe Smith
G. C. Conkle
C. E. Dutches
John Sundwall
F. B. Burke
E. F. Sladek

On Amendments to Constitution and By-Laws

William R. Torgerson,
Chairman
Frank Kelly

H. W. Wiley
R. B. Harkness
R. G. Cook

On Resolutions

L. G. Christian,
Chairman
T. K. Gruber
A. V. Wenger

L. W. Switzer
E. J. Evans
O. G. Johnson
Donald Brasie

Credentials Committee

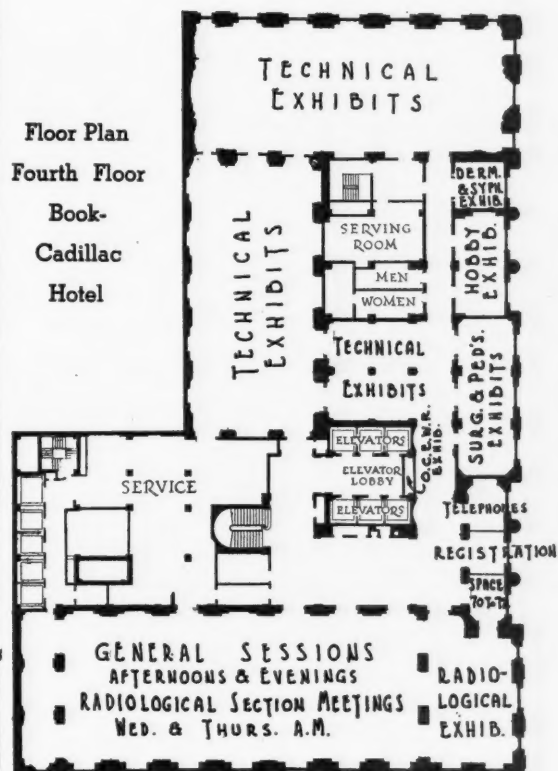
A. G. Sheets,
Chairman

C. R. Keyport
W. D. Barrett

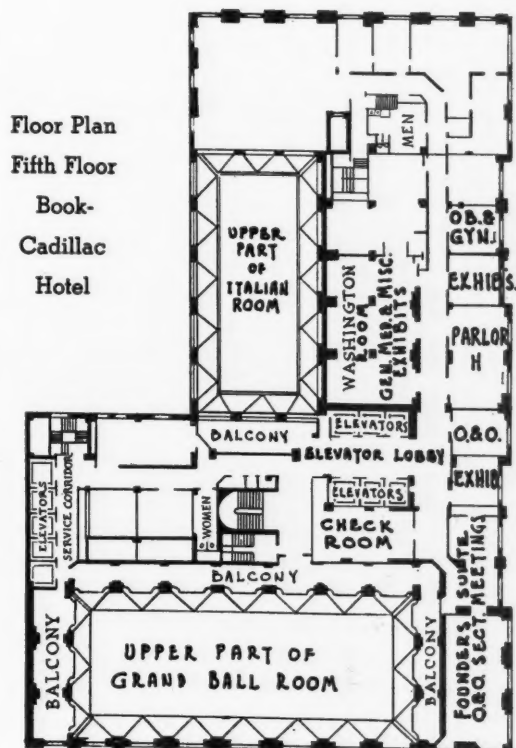
SEPTEMBER, 1936

FLOOR PLANS

Floor Plan
Fourth Floor
Book-Cadillac Hotel



Floor Plan
Fifth Floor
Book-Cadillac Hotel



PROGRAM

TUESDAY AFTERNOON

September 22, 1936

1:00 P. M.—Golf at Detroit Golf Club.

Baseball Game—Detroit
vs. St. Louis, Navin Field.

6:00 P. M.—Golfers' Dinner at Detroit Golf Club. Presentation of Golf Trophies.

Directions to reach Detroit Golf Club: Take Second Boulevard to fountain at entrance to Palmer Park, which is three blocks past Six Mile Road. Turn left, following Ponchartrain Drive about half a mile to the Club entrance.

Plan your time to study the 52 scientific exhibits. Leaders in the profession have spent time and money to portray scientific advances in medicine.

Seventy-two Technical Exhibitors have spent thousands of dollars to arrange displays of their contributions to medical practice. Attendants are not high pressure salesmen; they are here to show the latest advances in pharmaceutical progress and equipment. All exhibits open to the public Tuesday afternoon.

TUESDAY EVENING

First General Session

8:00 P. M.

Book-Cadillac Hotel
Grand Ball Room

Music by Rhythm Orchestra selected from
Wayne County Medical Society
Symphony Orchestra



Address:

Society and Organized
Medicine

CHARLES GORDON HEYD, *Vice
President of American Medical
Association, New York City*

9:30 P. M.

Smoker. Entertainment. Wayne County Medical Society, Host

Ballads by Harry McDonald

Novelties by Ford V-8 Octette and Tap Dancers

Concert and Novelty Specialties on the Hammond Electric Organ. Soloist and organ courtesy of Grinnell Brothers Music House

Magician

Refreshments

WEDNESDAY MORNING

September 23, 1936

SECTION MEETINGS

SECTION ON GENERAL MEDICINE

Harper Hospital

Chairman, R. L. Novy, Detroit
Secretary, MYRTON S. CHAMBERS, Flint

A. M.

9:00

**Therapeutic Results with the
Newer Forms of Insulin**
GORDON B. MYERS, Detroit
FRANK S. PERKIN, Detroit

9:30

Modern Treatment of Pneumonia
ALVIN E. PRICE, Detroit

10:00

Treatment of Ulcerative Colitis
H. B. STEINBACH, Detroit

10:30

**Section Meeting
Chairman's Address:
Bacterial Endocarditis**
R. L. Novy, Detroit

11:00

Clinic: Faints and Fits
GEORGE HERRMANN, Galveston, Texas

SECTION ON SURGERY

Grace Hospital

Chairman, H. K. RANSOM, Ann Arbor
Secretary, R. L. MUSTARD, Battle Creek

A. M.

9:00

Symposium on "Acute Abdominal Disturbances"

9:30

Appendicitis
RAYMOND C. ANDRIES, Detroit

10:00

Cholecystitis
CLARK D. BROOKS, Detroit

10:30

Perforating Ulcer of the Stomach and Duodenum
H. K. SHAWAN, Detroit

11:00

Intestinal Obstruction
WM. J. CASSIDY, Detroit

11:30

Hernia
FRANK A. KELLY, Detroit
Discussion and Summary
FREDERIC A. COLLIER, Ann Arbor

SECTION ON OBSTETRICS AND GYNECOLOGY

Harper Hospital

Chairman, HAROLD MACK, Detroit
Secretary, J. DUANE MILLER, Grand Rapids

A. M.

9:00

Symposium on "Certain Complications of Pregnancy"

9:40

Tuberculosis
ROGER S. SIDDALL, Detroit

10:20

Heart Disease
WARD F. SEELEY, Detroit

11:00

Placenta Praevia and Abruptio Placentae
A. E. CATHERWOOD, Detroit

11:40

Maternal Health Aspects
ALEXANDER M. CAMPBELL, Grand Rapids
Discussion

PROGRAM—1936 MEETING

WEDNESDAY MORNING

September 23, 1936

SECTION MEETINGS—Cont'd

SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

Book-Cadillac Hotel

Chairman, PARKER HEATH, Detroit
Secretary, DEWEY L. HEETDERKS, Grand Rapids

A. M.

9:00 Ophthalmology Round Table

C. S. O'BRIEN, *Professor of Ophthalmology, State University of Iowa College of Medicine, Iowa City, Iowa*

Otology Round Table

ISIDORE FRIESNER, *Otologist to Mount Sinai, New York City; Consultant Otologist to Bronx Hospital, Brooklyn M. E., Beth Moses, Beth El, and St. Joseph's-Far Rockaway*

10:30 Intermission

11:00 Both Round Tables will be repeated

P. M.

1:00 Section Luncheon

SECTION ON PEDIATRICS

Children's Hospital

Chairman, EDGAR E. MARTMER, Detroit
Secretary, C. R. DENGLE, Jackson

A. M.

9:00 A Bronchoscopic Study of Non-Tuberculous Childhood Diseases of the Lungs During a Five Year Period

WADSWORTH WARREN, Detroit
ARTHUR E. HAMMOND, Detroit

9:30 Mastoid Infection in Infants and Children

The New Concepts in Regard to Anatomy
Clinical Picture in Unusual Cases
Discussion of When to Operate
W. S. GONNE, Detroit

10:00 Appendicitis in Children

GROVER C. PENBERTHY, Detroit

A ten year study of appendicitis in infants and children as seen at the Children's Hospital of Michigan. During this period various methods of treatment have been used and a comparison of the results obtained is possible due to the length of time and number of cases studied.

10:30 Case Demonstrations. Selected cases of pediatric conditions will be demonstrated and discussed by

T. B. COOLEY, Detroit, and STAFF OF CHILDREN'S HOSPITAL OF MICHIGAN

11:00 Diseases of the Anus, Rectum and Colon in Children

LOUIS J. HIRSCHMANN, Detroit

11:30 Report of Iodized Salt Committee

D. M. COWIE, Ann Arbor

SECTION ON DERMATOLOGY AND SYPHILOLOGY

Grace Hospital

Chairman, A. E. SCHILLER, Detroit
Secretary, G. WARREN HYDE, Detroit

A. M.

9:00 Symposium on "Allergic Eczemas" Eczema, Urticaria and Allied Dermatoses

FRANZ BLUMENTHAL, University of Michigan

9:30 Infantile Eczema Dermatophytids in Relation to Allergy

SAMUEL J. LEVIN, Detroit

10:00 The Relationship of Allergy to Some of the Dermatoses of Questionable Etiology

HARTHUR L. KEIM, Detroit

10:30 Allergic Skin Manifestations in Relation to Internal Disease

HAROLD C. ROBINSON, Grand Rapids

11:00 Desensitization in Allergic Skin Disease

GEORGE L. WALDBOTT, Detroit

11:30 Practical Hints on the Treatment of Disseminate Neurodermatitis

FRED WISE, New York City

SECTION ON RADIOLOGY

Book-Cadillac Hotel

Grand Ball Room

Chairman, VERNOR M. MOORE, Grand Rapids
Secretary, S. W. DONALDSON, Ann Arbor

A. M.

9:00 Symposium on Carcinoma of the Lung Medical and Historical

WM. M. DONALD, Detroit

Pathology

O. A. BRINES, Detroit

Radiology

J. C. KENNING, Detroit

Treatment

T. LEUCUTIA, Detroit

10:30 Round Table Discussion

Topic: Occupational Diseases of the Lungs. Lead by

C. B. PEIRCE, Ann Arbor

12:00 Section Luncheon—Book-Cadillac Hotel Business Session

SPECIAL DEMONSTRATION IN

TRAUMATIC SURGERY

Receiving Hospital

A. M.

9:00 Special Demonstration in Handling of the Injured Patient, Nerve and Tendon Suture, etc.

DEAN LEWIS, Baltimore, Maryland

VIEW THE EXHIBITS

WEDNESDAY AFTERNOON

September 23, 1936

Book-Cadillac Hotel

Grand Ball Room

Second General Session

2:00 P. M.

1. Hormones in Relation to Tumor Growth



DEAN LEWIS, *Professor of Surgery, Johns Hopkins School of Medicine, Baltimore, Maryland*

2. Ocular Symptoms and Signs of Brain Tumor



C. S. O'BRIEN, *Professor of Ophthalmology, State University of Iowa College of Medicine, Iowa City, Iowa*

Tumors of the brain or meninges are not uncommon. The ocular symptoms and signs of such lesions are of great importance in diagnosis and often of value in localization of the tumor. The optic pathways extend backward from the region beneath the frontal lobe to the posterior pole of the occipital lobe and hence may be affected by tumors in many areas. Choked discs are present in approximately 80 per cent of tumors

and changes in the fields of vision are very common. Optic atrophy, paralysis of the third, fourth, fifth, sixth or seventh cranial nerves, nystagmus and other signs may be associated with these tumors.

3. Skin Diseases in Their Relation to Disturbances of Other Organs



FRED WISE, *Professor of Clinical Dermatology and Syphilology, New York Postgraduate Medical School, Columbia University, New York City*

The main object is to focus attention on the fact that certain changes occurring in the skin are signposts of concomitant pathologic alterations affecting other organs. These changes led to the use of the phrase, "the skin, the mirror of the body." Unfortunately, this mirror fails to function as a reflecting object, on many occasions and under many diverse conditions. Pertinent examples of well-known

relationships and reciprocal pathology are jaundice and Addison's disease; much less-known examples are periungual fibromas associated with tuberose sclerosis; spinal curvature associated with Recklinghausen's disease; bone changes associated with Recklinghausen's disease and many other disease-relationships.

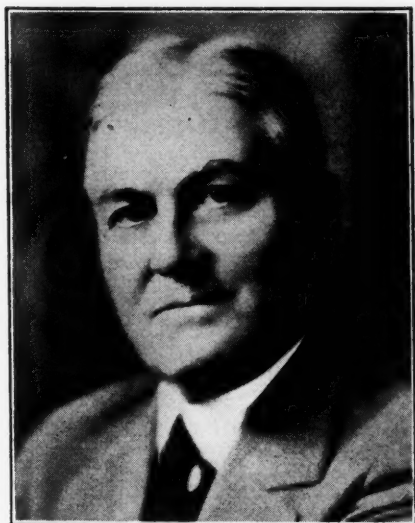
4. Further Studies of the Mechanism of Action and of the Relative Effectiveness of the Newer Diuretics



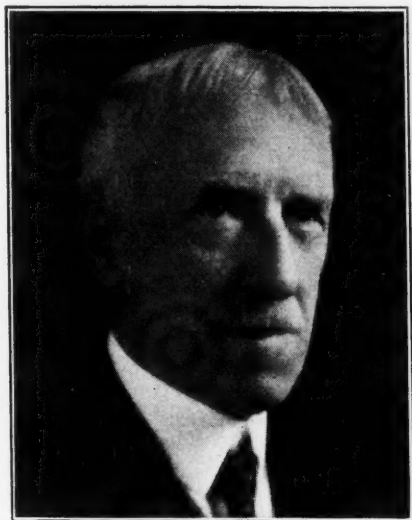
GEORGE HERRMANN, *Professor of Clinical Medicine, University of Texas School of Medicine, Galveston, Texas*

The mechanism by which diuresis is accomplished is still under discussion. We have gotten evidence by observing the clearance of creatinine and of D-xylose that suggest a direct renal action of both purine and mercurial diuretics. The purines acting primarily on the glomerular tuft and increasing filtration while the mercurials produce diuresis by affecting the tubular epithelium and decreasing reabsorption. Another series

of creatinine clearances in edematous patients with heart disease and an insulin study of similar nature is under way. Sodium and chloride studies as well as total serum protein estimations were carried out. The new combinations of xanthine and heavy metal, mercupurin and mercurin, offered as superior diuretics, have been subjected to comparative studies and found to show combined effects and to have definite advantages. Clinical results will be presented in charts and tables.



GEORGE W. CRILE
Director Cleveland Clinic Foundation
Cleveland, Ohio



ANDREW P. BIDDLE
Ex-President Michigan State Medical Society
Detroit, Michigan



THOMAS K. GRUBER
President, Wayne County Medical Society
Detroit, Michigan

WEDNESDAY EVENING

September 23, 1936

Book-Cadillac Hotel

Grand Ball Room

President's Night

Third General Session

President, GROVER C. PENBERTHY, presiding

1. **Music.** By the Wayne County Medical Symphony Orchestra
MR. GEORGES MIQUELLE, Director
2. **Call to Order by the President**
3. **Invocation**
S. S. MARQUIS, *Rector Christ Church, Cranbrook*
4. **Announcements and Reports of the House of Delegates**
5. **Welcome to Detroit**
HON. FRANK COUZENS, *Mayor*, and
THOMAS K. GRUBER, *President Wayne County Medical Society*
6. **Presentation of Awards to Prize-winning Scientific Exhibitors**
7. **President's Address**
GROVER C. PENBERTHY
8. **Induction into Office as President**
H. E. PERRY
Response
9. **Introduction of the New Officers of the Michigan State Medical Society**
10. **The Andrew P. Biddle Oration**
Comparative Anatomy and Pathologic Physiology of the Adrenal-sympathetic Complex Relating to the Genesis and Surgical Treatment of Essential Hypertension

GEORGE CRILE, Cleveland, Ohio

Evidence will be presented tending to show that essential hypertension is a pathologic physiology involving the sympathetic complex, the celiac and semilunar ganglia and the adrenal glands causing a pathologic tonus of the entire arterial system analogous to the pathologic tonus of the arteries of the extremities; mechanical stimulation of the sympathetic complex causes specifically a unique rise in blood pressure; flooding the complex with novocaine, manipulation of the complex during novocaine anesthesia causes no rise in pressure; ganglionectomy and denervation of the abdominal aorta causes the blood pressure in hypertension to return to the normal during the operation; operation is completed at one session; there is no disturbance of any other function of the organism. (With lantern slide demonstration.)

THURSDAY MORNING

September 24, 1936

SECTION MEETINGS—Cont'd

SECTION ON GENERAL MEDICINE

Harper Hospital

Chairman, R. L. NOVY, Detroit
Secretary, MYRTON S. CHAMBERS, Flint

- A. M.**
9:00 Hemiplegia. (Clinical and Neuro-pathological Material in 41 Cases)
LOUIS A. SCHWARTZ, Detroit
- 9:30 Pulmonary Embolism**
L. T. COLVIN, Detroit
- 10:00 Acute Pulmonary Edema and Nocturnal Dyspnea**
DOUGLAS DONALD, Detroit
- 10:30 Paroxysmal Arrhythmia**
EDWARD D. SPALDING, Detroit
- 11:00 Coronary Thrombosis**
HUGO A. FREUND, Detroit
- 11:30 Peripheral Vascular Accidents**
HENRY R. CARSTENS, Detroit
S. L. ADELSON, Detroit

SECTION ON OBSTETRICS AND GYNECOLOGY

Harper Hospital

Chairman, HAROLD MACK, Detroit
Secretary, J. DUANE MILLER, Grand Rapids

- A. M.**
9:00 Chairman's Address:
"Currents and Counter-currents"
HAROLD MACK, Detroit
- 9:30 Fundamentals of Treatment in Gynecology**
HARRY KIRSCHBAUM, Detroit
- 10:00 The Abuse of the Cautey**
B. W. MALFROID, Flint
- 10:30 Uterine Fibroids with Special Emphasis on Sequelæ of Treatment**
SPRAGUE GARDINER, Ann Arbor
- 11:00 Irradiation of the Pituitary in Ovarian Disfunction**
HARRY M. NELSON, Detroit
- 11:30 Pseudomalignant and Precancerous Lesions of the Uterus**
EMIL NOVAK, Baltimore, Maryland
A discussion (1) of pseudomalignant lesions of the cervix, especially the so-called squamous metaplasia; (2) the newer aspects of very early diagnosis of cervical cancer, with remarks on such "precancerous" lesions as leukoplakia and Bowen's, and also a brief consideration of such newer diagnostic methods as the Schiller-Lahm test and the colposcope; (3) the apparent relation of post-menopausal hyperplasia to adeno-carcinoma of the uterine body.
- P. M.**
1:00 Luncheon and Round Table
Election of Officers

SECTION ON SURGERY

Grace Hospital

Chairman, H. K. RANSOM, Ann Arbor
Secretary, R. L. MUSTARD, Battle Creek

- A. M.**
9:00 Breast Tumors
ROY D. MCCLURE, Detroit
- 9:30 Acute Empyema**
GROVER C. PENBERTHY, Detroit
- 10:00 Limitations of Transurethral Prostatectomy**
HARRY W. PLAGGEMEYER, Detroit
- 10:30 Surgical Relief of Carcinoma of the Colon**
LOUIS J. HIRSCHMANN, Detroit
- 11:00 Demonstration of a New Device for Closure of a High Intestinal Fistula**
JOHN B. HARTZELL, Detroit
- 11:10 Tumors of the Bladder**
WILLIAM E. KEANE, Detroit
- 11:30 Address**
GEORGE CRILE, Cleveland, Ohio

SECTION ON PEDIATRICS

Children's Hospital

Chairman, EDGAR E. MARTMER, Detroit
Secretary, C. R. DENGLER, Jackson

- A. M.**
9:00 Chairman's Address
EDGAR E. MARTMER, Detroit
- Section Meeting**
Election of Officers
- 9:30 Practical Points for Pediatricists**
PLINN MORSE, Detroit
- 10:00 The Effect of Accessory Foods and Food Factors on the Growth of Infants**
MARSH W. POOLE, Detroit
- 10:30 Influence of Obstetrical Procedures on the Weight Curve of the Newborn**
W. C. C. COLE, Detroit
- 11:00 The Control of Measles**
RICHARD CANNON ELEY, Boston, Massachusetts
Placental Extract (Immune Globulin-human): Use in the modification and prevention of measles. A warranted procedure. Age, dosage, potency and time of administration influence effectiveness. Reactions reported not sufficient to contraindicate its use. Administered orally the results, although favorable, not as striking. Further study necessary before the neutralizing substances for the virus of poliomyelitis and the toxins of diphtheria and scarlet fever can be considered to be of therapeutic value.

VIEW THE EXHIBITS

THURSDAY MORNING

September 24, 1936

SECTION MEETINGS—Cont'd

**SECTION ON OPHTHALMOLOGY
AND OTOLARYNGOLOGY**

Book-Cadillac Hotel

Founders' Suite

Chairman, PARKER HEATH, Detroit
Secretary, DEWEY L. HEETDERKS, Grand Rapids

A. M.

**9:00 Impressions of Artificial Fever Therapy
as Applied to Ophthalmology**

ELMER L. WHITNEY, Detroit

9:20 Treatment of Certain Corneal Lesions

NEIL BENTLEY, Detroit

**9:40 The Management of Non-inflammatory
Glaucoma**

WALTER R. PARKER, Detroit

**10:00 Treatment of Ocular Inflammations with
Increased Intraocular Typhoid Anti-
body Concentration**



ALBERT L. BROWN,
Cincinnati, Ohio

**10:20 Reconstructive Surgery of the Eyelids—
Evolution and Methods**
FERRIS SMITH, Grand Rapids

**10:40 The Background of Acute Respiratory
Obstruction Including Asthma**
JAMES MILTON ROBB, Detroit

11:00 Chairman's Address
PARKER HEATH, Detroit

**11:20 The Medical Treatment of Meniere's
Symptom Complex**
A. C. FURSTENBERG, Ann Arbor

**11:40 Management of Rupture of the Lateral
Sinus Following Acute Mastoiditis**
JACOB S. WENDEL, Detroit

**12:00 Therapeutic Indications for Broncho-
scopy. (Diagnosis and treatment of dis-
eases of lung other than foreign bodies)**
WADSWORTH WARREN, Detroit
ARTHUR E. HAMMOND, Detroit

**12:20 The Management of Chronic Suppara-
tive Otitis Media**
OLIVER B. MCGILLICUDDY, Lansing

**12:40 Therapeutic Relation of Chronic Sinus
Disease to Headaches**
CARL C. MCCLELLAND, Detroit

Short Executive Session

**SECTION ON DERMATOLOGY
AND SYPHILOLOGY**

Grace Hospital

Chairman, A. E. SCHILLER, Detroit
Secretary, G. WARREN HYDE, Detroit

A. M.

**9:00 Chairman's Address:
The Role of Dermatologists in Indus-
try**

A. E. SCHILLER, Detroit

9:20 Modern Treatment of Syphilis

FRANK STILES, Lansing

9:50 Discussion

RAY S. DIXON, Detroit

**10:00 Toxicodermatoses with Special Refer-
ence to Lupus Erythematoses**

LOREN W. SHAFFER, Detroit

10:30 Discussion

UDO J. WILE, Ann Arbor

10:40 Clinic and Discussion of Cases

Chairman: C. K. VALADE, Detroit
Assistant Chairman: WM. G. SAUNDERS, Detroit
Committee:

- (1) GEORGE VAN RHEE, Harper Hospital
- (2) JOHN H. COBANE, Harper Hospital
- (3) J. R. ROGIN, Receiving Hospital
- (4) R. A. C. WOLLENBERG, Eloise Hospital
- (5) FRANK R. MENAGH, Ford Hospital
- (6) T. H. MILLER, North End Clinic

**12:00 A Brief Sectional Meeting for Election
of Officers for the Ensuing Year**

SECTION ON RADIOLOGY

Book-Cadillac Hotel

Grand Ball Room

Chairman, VERNOR M. MOORE, Grand Rapids
Secretary, S. W. DONALDSON, Ann Arbor

A. M.

**9:00 Chairman's Address:
The Function and Responsibility of
the Radiologist in Medical Practice**

VERNOR M. MOORE, Grand Rapids

9:30 Radiation Therapy in Dermatology

CLYDE K. HASLEY, Detroit

**10:00 Encephalography in Spastic and Con-
vulsive Conditions**

FREDERIC SCHREIBER, Detroit
LAWRENCE REYNOLDS, Detroit

**11:00 The Differential Diagnosis of Benign
from Malignant Ulcerative Lesions of
the Stomach**

B. R. KIRKLIN, Rochester, Minnesota

SYMPOSIUM ON FRACTURES

Receiving Hospital

A. M.

**9:00 Conducted by Orthopedic Service, Re-
ceiving Hospital**

ALFRED D. LA FERTE, Chief, Detroit.

VIEW THE EXHIBITS

THURSDAY AFTERNOON

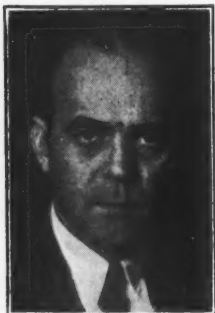
September 24, 1936

Fourth General Session

Book-Cadillac Hotel

2:00 P. M.

1. The Clinical Application of a Coagulant Substance Obtained from the Human Placenta



RICHARD CANNON ELEY, *Member of Faculty of the Harvard Medical School, Boston, Massachusetts*

An extract which possesses strong coagulant properties has been obtained from the human placenta. When administered orally to normal individuals, and to some patients suffering from hemophilia, there is a reduction in the coagulation time of the venous and capillary blood. The duration of the effect in the patients with hemophilia is variable although it usually persists for 48 to 72 hours. The topical and oral use of the blood coagulant extract has been of value both

as a prophylactic and therapeutic procedure in certain surgical conditions. Whether a coagulant extract obtained from human tissues will be more effective than similar extracts obtained from animal tissues has not been established.

2. Selection of Patients for Roentgenologic Examination of the Alimentary Canal



B. R. KIRKLIN, *Professor of Radiology and director of the Division of Radiology, Mayo Foundation, University of Minnesota Graduate School of Medicine, and Chief of the Section on Roentgenology, Mayo Clinic, Rochester, Minnesota*

In too many instances roentgenologic examination of the alimentary canal is not requested unless the patient's symptoms are severe, chronic, variously combined, and strongly indicative of grave disease. Such disease, including early cancer, often gives rise to symptoms that are mild, single, or not definitely

ly chronic, and cases are cited in proof. These cases indicate that certain symptoms, regardless of severity or duration, should be regarded as imperative signals for roentgenologic examination, and argue for more common employment of the roentgenologic test, in order to enhance diagnostic accuracy and to disclose disease of the digestive tract more opportunely.

3. The Endocrines in Gynecology and Obstetrics



EMIL NOVAK, *Associate Professor of Obstetrics, Johns Hopkins School of Medicine, Baltimore, Maryland*

A brief sketch of the normal endocrinology of the reproductive cycle, and of those departures from the normal which bring about various functional gynecological disorders. Bearing of these facts upon the practical treatment of these disorders.

SCIENTIFIC EXHIBITS

GENERAL MEDICINE

Fetal Hypoglycemia Due to Hyperinsulinism

Space: Washington Room, Fifth Floor

WILLIAM HENRY GORDON, Detroit

Pathologic findings in the pancreas of babies born from diabetic mothers; results of the research on pregnant bitches after removal of their pancreas; results of studies "by giving the diabetic mother a proper diet early in pregnancy"; showing six patients who are now mothers of normal babies.

Agranulocytosis

Space: Washington Room, Fifth Floor

WILLIAM HENRY GORDON, Detroit

Study of 66 patients with a review of about 900 papers on the subject. Diagrams of the etiology, history, symptomatology; different treatments which have been given and the treatment found to be most effectual; showing the decrease in the mortality from 80 per cent to about 20 per cent in the last 26 cases of the real disease.

The Diagnosis of Allergic Asthma

Space: Washington Room, Fifth Floor

S. W. INSLEY, Detroit

Charts for aid in differential diagnoses; mounted specimens of hay-fever causing plants; microscopic slides of various hay-fever causing pollens; specimens of dust, lint and fungal spores; x-ray films; method of collecting dust and making pollen count of the air; method of testing for hypersensitivity; Diet Diary; general outline of treatment.

Present Status in the Treatment of Peptic Ulcer

Space: Washington Room, Fifth Floor

DAVID J. SANDWEISS, Detroit

Results obtained with diet (ambulatory and bed-rest), surgery, injections of vaccine, histidine (Larostidin), emetine (Synodal) and distilled water injections; also oral administration of silicon dioxide (sand).

A series of 291 patients with peptic ulcer were treated during 1,019 ulcer attacks with the various methods listed above. Material studied consisted of patients treated at North End Clinic, at Out-patient Department, Harper Hospital, and in private practice. Injections as a rule were given when patients did not respond to the standard dietary management, but some patients were given injections on their first visits and were told to continue with the dietary regimen they had before reporting for treatment. Comparative immediate and remote results are given in chart form. A mimeographed pamphlet with detailed instructions as to diet, recipes, alkalis, antispasmodics and general instruction in the management of patients with peptic ulcer will be available for physicians visiting this exhibit.

A Better Organization of Pathological Specimens, Illustrating Fundamental Changes Under Seven Groupings and Twelve Systems

Space: Washington Room, Fifth Floor

JAMES E. DAVIS, Wayne University, Detroit

Therapeutic Diets

Space: Washington Room, Fifth Floor

MARY M. HARRINGTON, Dietitian, Harper Hospital

Exhibit material will consist of charts and food displays. The purpose of this exhibit is to emphasize the normal maintenance diet in actual foods and to present graphic and food illustrations of its modifications as used in diet therapy. The normal diet, diabetic diet, low residue diet and several types of reduction diets will be the extent of the exhibit.

Modern Treatment of Pneumonia

Space: Washington Room, Fifth Floor

ALVIN E. PRICE and **OSBORNE A. BRINES**, Detroit

The exhibit will deal with pneumonia typing both from a laboratory viewpoint and also as to the distribution of all of the thirty-two types in this community. Comparison of

VIEW THE EXHIBITS

mortality locally and elsewhere will be included. Indications and results of serum therapy will constitute an important part of the exhibit and the effect of oxygen therapy and nursing will be illustrated.

Crystalline Insulin

Space: Washington Room, Fifth Floor

S. S. ALTSCHULER, Eloise Hospital, Eloise, Michigan

Charts illustrating the comparative effects of standard insulin and crystalline insulin in non-diabetic and in diabetic patients; the more gradual and more sustained action of the crystalline insulin; and the control of diabetic patients with fewer injections by the use of crystalline insulin.

Common Complications of Arteriosclerosis

Space: Washington Room, Fifth Floor

J. L. CHESTER, Eloise Hospital, Eloise, Michigan

Photographs of the lesion in arteriosclerosis affecting the arteries of (1) brain, (2) heart, and (3) leg. Relationship to hypertension.

Brucellosis (Undulant Fever)

Space: Washington Room, Fifth Floor

S. E. GOULD, Eloise Hospital, Eloise, Michigan

I. F. HUDDLESON, Michigan State College, East Lansing, Mich. Charts illustrating etiology, diagnosis and treatment. An interne will be in attendance to explain the intradermal test and the use of therapeutic agents. A technician will demonstrate the rapid agglutination and the opsonocytaphag tests, and the method of bacterial culture.

Eloise Parole Clinic

Space: Washington Room, Fifth Floor

M. H. HOFFMANN, Eloise Hospital, Eloise, Michigan

Charts and diagrams illustrating the activities of the Eloise Parole Clinic in supervising paroled patients; and the integration of the Clinic with other public agencies concerned in the care and supervision of mental patients. Statistical data showing incidence, treatment, and disposition of psychiatric problems occurring in Wayne County.

The Laparoscope

Space: Washington Room, Fifth Floor

T. N. HORAN, Eloise Hospital, Eloise, Michigan

An instrument for the examination and diagnosis of intra-abdominal disease. Exhibit of instrument with charts indicating its uses and diagrams illustrating technic.

Experimental Plumbism Induced by Lead Therapy for Cancer

Space: Washington Room, Fifth Floor

H. J. KULLMAN, Eloise Hospital, Eloise, Michigan

The Basophilic Aggregation count, technic, photomicrograph. The lead line. Charts of treated cases.

Pectoral Muscle Biopsy in Hypertension

Space: Washington Room, Fifth Floor

M. R. McQUIGGAN, Eloise Hospital, Eloise, Michigan

Photographs illustrating relation of arteriole lesions in pectoral muscle biopsies to hypertension.

The Polygraph in Lie Detection

Space: Washington Room, Fifth Floor

LOWELL S. SELLING and J. A. LARSON, Eloise Hospital, Eloise, Michigan

Demonstration of the "lie detector" with illustrative charts.

Hypertension and Kidney Disease

Space: Washington Room, Fifth Floor

F. A. WEISER, Eloise Hospital, Eloise, Michigan

Photographs illustrating relationship of essential hypertension to kidney disease and chronic glomerulo-nephritis to hypertension.

The Findings in Gastritis

Space: Washington Room, Fifth Floor

RICHARD CAMPBELL CONNELLY, Detroit

Exhibit consists of gross and microscopic specimens and x-ray films with pathological and diagnostic material and charts demonstrating characteristic pathological and radiological findings.

SURGERY

Tumors of the Small Intestine

Space: Normandie Room, Fourth Floor

JOHN G. MATEER, H. P. DOUB, and F. W. HARTMAN, Henry Ford Hospital, Detroit

The exhibit will include clinical, x-ray and pathological studies on the various tumors of the small intestine.

Varicose Veins

Space: Normandie Room, Fourth Floor

EUGENE A. OSIUS, EDWARD H. LAUPPE and C. N. WELLER, Detroit

Exhibition of the methods and results obtained in the treatment of varicose veins and varicose ulcers, using the injection method supplemented by ambulatory ligation of the internal saphenous and adjunct methods.

Traumatic Neurosurgery

Space: Normandie Room, Fourth Floor

E. S. GURDJIAN, Detroit

Presentation of operative cases of head injury. Over 200 operated cases have been used. Other pertinent features of the clinical manifestations and treatment of head injury are also included. Traumatic myelitis is also described and discussed pictorially. This is based on about 125 cases. Peripheral nerve injuries are also exhibited. This is divided into sectioned nerves, progressive traumatic neuritis of certain nerves, and nerve dysfunction associated with fractures and dislocations of long bones.

Hæmaturia

Space: Washington Room, Fifth Floor

ROBERT A. MACARTHUR, Detroit

The exhibit includes the methods of diagnosis of the causes of hæmaturia by the means of a cystoscope and x-ray plates. The entire field of hæmaturia is covered by means of 200 transparencies of x-ray plates and pathological specimens of the various diseases causing hæmaturia.

Treatment of Common Forms of Cancer

Space: Washington Room, Fifth Floor

WM. J. SEYMOUR and J. M. GRACE, Eloise Hospital, Eloise, Michigan

Colored transilluminated diagrams of principal organs of body. Various colors indicate whether preferred method of treatment in these sites is (1) surgical, (2) radiotherapeutic, or (3) a combination of surgery and radiation.

Transurethral Prostatic Resection

Space: Washington Room, Fifth Floor

WM. L. SHERMAN, Eloise Hospital, Eloise, Michigan

Diagrams illustrating common types of prostatic obstruction before and after transurethral resection. Photographs of technic.

Clinical and Pathological Records

Space: Normandie Room, Fourth Floor

R. E. CUMMING, G. E. CHITTENDEN, C. F. SCHROEDER, J. M. TREADEAU, Detroit

Chart Display. Also: Graphic case records illustrating importance of complement fixation reactions.

Hemopneumothorax

Space: Normandie Room, Fourth Floor

ALPHEUS F. JENNINGS, Detroit

X-ray demonstration of a case of left interlobar hemopneumothorax showing resorption after dense pleural thickening and massive fibrin formation.

Cholecystographic Studies

Space: Normandie Room, Fourth Floor

A. F. JENNINGS, L. F. WILCOX, Detroit

An exhibit of cholecystograms with a description of technique.

Complement Fixation Test

Space: Normandie Room, Fourth Floor

S. WILLARD WALLACE, Detroit

Demonstration of the use of the complement fixation test in cases of streptococcus, staphylococcus and Bacillus coli infections, and studies of the reticulo-endothelial cell system in chronic infection.

FIFTY-TWO SCIENTIFIC EXHIBITS

Demonstration of Cast Rubber Button for Closure of Intestinal Fistula

Space: Normandle Room, Fourth Floor
JOHN B. HARTZELL, Detroit

OBSTETRICS AND GYNECOLOGY

Hystero-Mucography

Space: Parlor "I", Fifth Floor
J. DUANE MILLER and T. O. MENEES, Grand Rapids
Exhibit consists of original films illustrating the important intrauterine lesions. Also demonstration of the control of radium application by use of the hystero-gram.

Sterility in the Female

Space: Parlor "I", Fifth Floor
HARRY A. PEARSE, Detroit
The etiological factors concerned in sterility are enumerated. Whenever possible the treatment, whether by drug therapy or surgical procedures, will be depicted. The Rubin tracings compared with lipiodol as diagnostic procedures will be contrasted. An ancient diagnostic method proves the problem an old one.

Trichomonas Vaginalis

Space: Parlor "J", Fifth Floor
J. CAMPBELL SMITH, Detroit
Culturing, staining, identification, with methods of treatment.

Recording Uterine Contractions

Space: Parlor "J", Fifth Floor
ALBERT PARKER, Wayne, Michigan
Graphical study of uterine contractions. Apparatus shown may be used for more than one case at a time, may be used before full term pregnancy and does not alter contractions of the uterus. Some characteristic findings are exhibited.

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Plastic and Reconstructive Surgery

Space: Parlor "F", Fifth Floor
CLAIRE L. STRAITH and WILLIAM A. LANGE, Detroit
Exhibit of photographs showing technic and results in plastic surgery. Special emphasis is placed on the treatment of crushing facial injuries such as those so often encountered by surgeons in treating victims of motor car accidents; apparatus will be shown which will hold facial bone fragments and reshape crushed faces.

The Background of Acute Asthma

Space: Parlor "F", Fifth Floor
J. MILTON ROBB, Detroit
Absolute and complete obstruction of the respiratory tract, in which no oxygen reaches the lung, will destroy life in two or three minutes. Luckily a patient with this situation only occasionally presents himself for treatment in the life of any practitioner, but when he does, it is the most harassing situation which can possibly confront him.
There is, however, a less severe condition that occasionally is seen in every one's practice, but chiefly in those interested in the respiratory mechanism. In this condition a small amount of oxygen reaches the lung, presenting the symptoms of suffocation. It must be recognized that embarrassment of respiration may come from distant parts of the body structure. It is, therefore, necessary that the physician have at his finger tips the most likely causes of this obstruction.
In the exhibit, we have tried to depict by diagrams, pathological specimens, etc., many of the possible causes.

Experimental Uveitis and Corneal Ulcers

Space: Parlor "G", Fifth Floor
ALBERT L. BROWN, Children's Hospital Research Foundation, Cincinnati, Ohio
Exhibit of gross specimens, photographs and photomicrographs showing uveitis produced in rabbits' eyes; corneal ulcers, produced in rabbits' eyes, showing ulcers in un-

treated animals and in animals treated with parenteral administration of typhoid vaccine with and without aspiration of the anterior chamber to increase intra-ocular antibody concentration.

Tumors of the Eyelids

Space: Parlor "G", Fifth Floor
A. E. BRALEY, State University of Iowa, College of Medicine, Iowa City, Iowa
Exhibit of transparent colored photographs and stereo-photographs of tumors of the eyelid; charts showing frequency, location and differential diagnosis.

Arachnodactyly in Its Relationship to Status Dysraphicus

Space: Parlor "F", Fifth Floor
RALPH H. PINO, Detroit
A photographic exhibit of the chief clinical signs of arachnodactyly and status dysraphicus designed to bring these two unusual syndromes to the attention of the general practitioner and to point out their clinical similarity to each other.

Fundoscopic Lesions

Space: Washington Room, Fifth Floor
FRANK L. RYERSON, Eloise Hospital, Eloise, Michigan
Photographs of common retinal lesions.

PEDIATRICS

Surgery of Childhood

Space: Normandle Room, Fourth Floor
GROVER C. PENBERTHY and C. N. WELLER, Children's Hospital, Detroit

Surgical Complications of Acute Exanthemata

Space: Normandle Room, Fourth Floor
GROVER C. PENBERTHY and EUGENE A. OSIUS, Herman Kiefer Hospital, Detroit
This exhibit will cover the general surgical treatment of complications in the exanthemata as carried on at the Herman Kiefer Hospital, Detroit.

DERMATOLOGY AND SYPHILOLOGY

Transparencies of Tuberculosis and Tuberculids of the Skin

Space: Parlor "D", Fourth Floor
T. H. MILLER, Detroit, in charge. An exhibit of the Detroit Dermatological Society
The exhibit consists of thirty-four photographic transparencies. In this collection are cases illustrating the clinical aspects of cutaneous tuberculosis of various types, including those of hematogenous origin as well as those produced by external inoculation. Several examples of toxi-tuberculids are also included.

Skin Diseases in Industry

Space: Parlor "D", Fourth Floor
E. C. TROXEL, Detroit, in charge. An exhibit of the Detroit Dermatological Society, through the courtesy of United States Public Health Service
The exhibit consists of charts showing causes, photographs of various types of cases, moulages of cases, samples of articles and chemicals causing industrial dermatoses.

Moulages on Syphilis

Space: Parlor "D", Fourth Floor
J. R. ROGIN, Detroit, in charge. An exhibit of Detroit Dermatological Society, through the courtesy of the Detroit Department of Health
A collection of moulages prepared by the Detroit Department of Health and graphically depicting the various types of cutaneous lesions representative of the primary and secondary stages of syphilis. Also charts showing the incidence of venereal disease in Detroit.

VIEW THE EXHIBITS

RADIOLOGY

Hematogenous Non-Miliary Pulmonary Tuberculosis

Space: Reception Room, Fourth Floor

W. L. BROSIUS and C. C. BIRKELO, Herman Kiefer Hospital, Detroit

Exhibit consists of reductions of x-ray films and photographs and micro-photographs of pathological specimens. An attempt is made in this exhibit to show the course of this type of tuberculosis infection, in several selected cases, where the diagnosis of pulmonary tuberculosis has been definitely established. An attempt is also made to differentiate this condition from the miliary type of tuberculosis, metastatic malignancy and occupational fibrosis.

Roentgen Exploration of Patients with "Indigestion"—"Gastritis"—"Gas on the Stomach"—"Colitis"

Space: Reception Room, Fourth Floor

HANS A. JARRE, Grace Hospital, Detroit

To treat patients with intestinal distress under such indefinite diagnoses as "Indigestion," "Gastritis," "Gas on the Stomach," "Colitis" is meaningless, obsolete, and not infrequently disastrous. A well performed roentgen-exploration of the alimentary canal should in the large majority of these patients reveal either some definite type of disease of the alimentary canal or normal structure and function of this system. Therapeutic efforts based upon a carefully evaluated correct diagnosis usually lead to much more satisfactory results and less disappointments. Sixty roentgen explorations of various types of disease of the alimentary canal are shown.

The Peristalsis of the Renal Pelvis and the Influence of Infection in Various States on this Activity

Space: Reception Room, Fourth Floor

HANS A. JARRE and R. E. CUMMING, Grace Hospital, Detroit

Roentgen experiments with serial pyelography demonstrated that a rhythmic progressive descending peristalsis empties the normal renal pelvis of its liquid content. The "alternating" type of renal peristalsis described by Leguen and his associates must be considered abnormal or pathologic. Pyelonephritis produces a characteristic alteration of renal

peristalsis which ranges from "alternating" peristalsis over inhibition to complete organic immobilization, depending on virulence, duration, location, and type of infection, and the reaction between infecting agents and infected hosts. Perireteritis produces a characteristic obstruction type peristalsis of the proximal segments of the urinary passages. Classification of infection of the urinary passages.

Roentgen-findings in Some Patients with "Blood in the Urine" (Tumors of the Urinary Tracts)

Space: Reception Room, Fourth Floor

HANS A. JARRE, Grace Hospital, Detroit

"Blood in the urine" often is a symptom of tumor somewhere in the urinary passages. Roentgen-findings are shown of about forty tumors of the urinary tract, benign and malignant.

Primary Carcinoma of the Lung

Space: Reception Room, Fourth Floor

J. C. KENNING, O. A. BRINES, J. E. LOFSTROM and H. L. WEITZ, Receiving Hospital, Detroit

A short statistical summary of cases, with a history, x-rays, gross and microscopical reductions of each case. In all, there will be approximately 52 cases.

The Elimination of Gas Shadows in the Intestinal Tract by Use of Pitressin

Space: Reception Room, Fourth Floor

J. C. KENNING and J. E. LOFSTROM, Receiving Hospital, Detroit

This exhibit consists mainly of KUB, Gall Bladder and Pyelogram reductions before the use of Pitressin and after.

Giant-Cell Bone Tumor

Space: Reception Room, Fourth Floor

CARLETON B. PEIRCE, University Hospital, Ann Arbor

Giant cell bone tumors in Roentgenograms and photomicrographs showing the effect of treatment by surgery or roentgen-therapy or a combination of these methods.

Encephalograms

Space: Reception Room, Fourth Floor

FREDERIC SCHREIBER, Detroit

Exhibit consists of encephalograms demonstrating various intracranial lesions; also pathologic specimens with their corresponding encephalograms. Material from Harper Hospital, Children's Hospital of Michigan and Receiving Hospital of Detroit.

Supervoltage Roentgen Therapy

Space: Reception Room, Fourth Floor

DEPARTMENT OF RADIOLOGY, Harper Hospital, Detroit

To show the type of installation which is employed at Harper Hospital in supervoltage roentgen therapy; also to present charts, physical measurements and other data pertaining to its application in the treatment of malignancy. Supervoltage roentgen therapy has definite value in the treatment of certain types of malignancy, particularly when used in conjunction with lower voltage roentgen therapy and radium therapy.

Treatment of Common Forms of Cancer

Space: Washington Room, Fifth Floor

WM. J. SEYMOUR and J. M. GRACE, Eloise Hospital, Eloise, Michigan

Colored transilluminated diagrams of principal organs of body. Various colors indicate whether preferred method of treatment in these sites is (1) surgical, (2) radiotherapeutic, or (3) a combination of surgery and radiation.

MISCELLANEOUS

Highway First Aid and Accident Prevention Program

Space: Italian Garden, Fourth Floor

OAKLAND COUNTY CHAPTER, AMERICAN RED CROSS

Charts and photographs on accident prevention. First aid station markers. Attendant will outline organization plan and scope of 887 first aid stations in 45 states, demonstrate equipment and explain operation. In Oakland County this program has had the cooperation of the Oakland County Medical Society and the local members of the Fracture Committee of the American College of Surgeons.

Mental Hygiene, Past and Present

Space: Corridor, Fifth Floor

COMMITTEE ON MENTAL HYGIENE, M. S. M. S.

Basic Science Law

Space: Corridor, Fourth Floor

LEGISLATIVE COMMITTEE, M. S. M. S.

Relief Medicine in Oakland County

Space: Corridor, Fourth Floor

OAKLAND COUNTY EMERGENCY WELFARE RELIEF COMMISSION

An exhibit of the medical program conducted in Oakland County. This exhibit will show in detail how the various services are authorized and paid for together with a complete tabulation of costs over a period of two years.

Two Years' Experience of Wayne County Medical Service Bureau

Space: Corridor, Fourth Floor

Hobby Exhibit

Space: Parlor C, Fourth Floor

Sponsored by Woman's Auxilliary
MRS. M. D. VOKES, Chairman

INSPECT THE 124 EXHIBITS

TECHNICAL EXHIBITS

The Akron Truss Company Space 21 Detroit, Michigan

Complete showing of Surgical Appliances including Akron Trusses, Belts, Surgical Corsets, Orthopedic Braces, Limbs, Hosiery, etc. Mr. Ed. W. Alexander, Manager, and Mrs. C. T. Roache, Surgical Fitter, will be on duty in Booth No. 21 to explain the new improvements of Akron Appliances. Twenty-one years' service to Michigan Physicians makes this the foremost exhibit of its kind.

A. S. Aloe Company Space 84 St. Louis, Missouri

A. S. Aloe Company will display a complete line of instruments, equipment, and everything for the doctor and hospital. Of special interest will be demonstrations of the Aloe Short Wave Diatherm, the Elliott Treatment Machine and other specialties. A special discount on rustless steel instruments will be offered during the convention. Mr. C. R. Habermas, Aloe representative in this territory, will be in attendance to serve in any way possible.

The Arlington Chemical Company Space 37 Yonkers, New York

The Arlington Chemical Company is among the pioneers in the production of ethical pharmaceutical and biological preparations for the medical profession.

In addition to the line of pharmaceuticals on display, attention is especially directed to the special offer on diagnostic protein sets. These sets contain 80 and 112 proteins and are supplied with handsome holders and leatherette cases. Prices \$25.00 and \$35.00 respectively. Dr. J. H. Frazer, Director of the Biological Department, who has charge of the booth, will be pleased to discuss allergic problems.

The Bard-Parker Company, Inc. Space 66 Danbury, Connecticut

The Bard-Parker Company will demonstrate the outstanding features of their Rib-Back blade incorporating new standards of cutting efficiency and economy. Also will be shown a complete line of stainless steel scissors with renewable edges which eliminates resharpening, and a selection of quality forceps with the Lahey lock.

Beasley-Eastman Laboratories, Inc. Space 38 Detroit, Michigan

Wm. A. Habermas, well known figure in the Surgical supply field, will be in charge of the Beasley-Eastman Laboratories, Inc. exhibit. "Bill" as he is known to his host of friends in the profession, is offering the Eastman Ultra Short Wave Equipment in two reasonably priced models.

Brownie Food Company Space 19 Detroit, Michigan

We welcome you, Michigan Physicians, at Booth No. 19. Brownie Strained Baby Foods are freshly packed in 4½ oz. glass jars. They are carefully and scientifically prepared from the choicest materials, thus preserving the important elements all babies need. The J. L. Hudson Company and independent stores merchandise the Brownie Foods in Detroit.

The Cilocon Corporation Space 29 Detroit, Michigan

An entirely new idea in nursing nipples will be demonstrated by The Cilocon Corporation, Detroit, manufacturers of this new nipple, called Nurs-Rite.

The special feature of the nipple is a valve of patented design which admits air into the bottle as the child withdraws the fluid, thus preventing air-swallowing, and consequently air-colic.

Coca-Cola Company Space 58 Atlanta, Georgia Space No. 58 has been reserved by the Coca-Cola Company

R. B. Davis Company Space 51 Hoboken, New Jersey

You are invited to visit Exhibit No. 51. Not only will you be cordially welcomed, but you will be served delicious Cocomalt—Hot or Cold—as you choose. Come early—come often.

DePuy Manufacturing Company Space 22 Warsaw, Indiana

DePuy Manufacturing Company will be with us again at the Michigan State Medical meeting and will greet all doctors with a great deal of pleasure.

Many new appliances for treating fractures will be shown. Physicians are invited to call at Booth 22 and discuss any fracture problems with Mr. Charles F. Klingel.

Detroit Dairy & Food Council Space 55 Detroit, Michigan

Detroit Dairy & Food Council will cooperate with the Michigan State Medical Society conducting an educational exhibit at the convention in September.

The Detroit Dairy & Food Council and the Medical Society have one thing in common and that is the promotion of correct health habits by providing a better understanding of proper diet. The Detroit Dairy & Food Council is an educational organization supported by the Milk producers and distributors in this vicinity.

The Council was organized in 1925 for the purpose of bringing newer knowledge of nutrition to all consumers and give dairy products their proper place in the diet.

The DeVilbiss Company Space 25 Toledo, Ohio

A complete line of DeVilbiss Atomizers for professional and home use will be on display at the Detroit Convention of the Michigan State Medical Society to be held on September 21 to 24, inclusive, at The Book-Cadillac Hotel, Detroit, Michigan. Several recent additions to the line will be included. A prominent feature of the exhibit will be a display of x-rays made under ethical supervision demonstrating the superiority of an atomizer in applying solutions to the nose and throat. Bound folders describing the details of the x-ray experiments may be secured from the DeVilbiss representative. Mr. J. Bates will be in charge of the DeVilbiss display.

The Do/More Chair Company Space 27 Elkhart, Indiana

The Do/More Chair Company's exhibit at the convention of the Michigan State Medical Society will be for the purpose of keeping doctors informed of progress and to make explanation of pertinent matters. Executive and clerical models will be shown. Mr. F. L. Turner, Educational Director, will be in charge.

Dy-Dee Wash, Inc. Space 2 Detroit, Michigan

Cyril B. Lewis, the organizer and president of Dy-Dee Wash, Inc., will be present to greet his many friends in the medical profession and to answer all questions in regard to the Dy-Dee washing and sterilizing methods as well as any other pertinent inquiries physicians may have.

Encyclopædia Britannica Space 8 Detroit, Michigan

Introducing new 1936 Encyclopædia Britannica, most beautiful edition ever compiled appearing on its 168th birthday. This new Britannica is being offered on book of the month plan at lowest price in Britannica History. Also Britannica Junior, the outstanding edition for children. Complete display at Annual Convention.

H. G. Fisher & Company Space 17 Chicago, Illinois

Short Wave Units and Shockproof X-Ray Apparatus, latest models, will be on exhibit at

SEVENTY-TWO TECHNICAL EXHIBITS

PROGRAM—1936 MEETING

the Fischer Booth. The Short Wave Units are worthy of special attention by physicians—affording every type of short wave application—cuff, pad, orificial, and inductance cable. Wave lengths are 6, 12, 18 and 24 meters. Fischer Shockproof X-Ray Apparatus, because of its compactness and all-service performance, in four special models, enables physicians to select equipment that exactly suits their needs. All convention visitors are cordially invited to see demonstrations.

General Electric X-Ray Corporation Space 53-54 Detroit, Michigan

A most cordial reception is awaiting friends and visitors at General Electric X-Ray Corporation's booths. The latest information concerning progress in the design of apparatus for x-ray diagnosis and high voltage therapy is available—also physical therapy.

Those in attendance at our booth will be H. I. Nelson, Manager, C. S. Bierwagen, C. J. Haller, C. E. Moore, and L. B. Whalen.

Gerber Products Company Space 26 Fremont, Michigan

Gerber's Strained Foods for infant feeding and special diets will be on display. There will be charts and illustrations of the Shaker-cooker method of processing.

Gerber's have two types of literature, some for distribution to patients and some for professional use only. Samples of the foods and the literature for examination, will be sent to registrants at the booth.

Hack Shoe Company Space 69 Detroit, Michigan

The Hack Shoe Company presents a complete line of "correct and corrective" footwear for men, women and children. Hack Shoes are designed primarily for the near normal feet, but include Clubfoot and other special shoes. Physicians are invited to visit this unique shoe establishment on the fifth floor of the Stroh Building.

Hanovia Chemical & Manufacturing Company Newark, New Jersey Space 67

Our complete line of Ultraviolet, Sollux Radiant Heat Lamps and Short Wave Therapy Units, will be on display; well worth a few minutes of your valuable time, to witness a demonstration by a competent representative who will courteously extend a Greeting of Welcome.

The J. F. Hartz Co. Space 9 Detroit, Michigan

The J. F. Hartz Company, the long established physician's supply store at Detroit will have an interesting exhibit, displaying ampoules and pharmaceutical specialties manufactured in their own laboratory. This firm is doing an increasing business in this department.

It has catered to the Medical Profession, Nurses and Hospitals for fifty years, in the supplying of equipment for the sick.

The fitting of Trusses, Abdominal Belts, Stockings, etc., has always been done by employees who know how.

The best for the sick and prompt service has always been a motto.

H. J. Heinz Company Space 31 Pittsburgh, Pennsylvania

H. J. Heinz Company invites you to visit their display of Tomato Juice, Breakfast Cereals, and Strained Foods, especially prepared for infant and convalescent feeding.

Register for the second edition of their Nutritional Charts. This revised edition, published in December, 1935, contains, along with the vitamin, mineral and food composition charts, new sections on daily requirements and food allergy.

Horlick's Malted Milk Corporation Space 24 Racine, Wisconsin

The Horlick's Malted Milk Corporation will exhibit Horlick's the Original Malted Milk, in both natural and chocolate flavors, powder and tablet forms.

Among the special uses of Horlick's Malted Milk which will be featured are its advantages in the liquid diet, notably in cases of tuberculosis and other wasting diseases, during and after pneumonia, in gastric and duodenal ulcers and acidosis. Horlick's has also been proven by its results, for over fifty years, as a dependable food in infant feeding, even in difficult cases.

Hospital Liquids, Inc. Space 20 Chicago, Illinois

Intravenous Solutions in Filtrair Dispensers. All physicians should be interested in preparations and newer methods of administration of parenteral solutions. Interesting demonstrations of the Filtrair method will be on display at Booth No. 20. An attractive booklet on parenteral administration, reviewing all the literature to date, will be made available to physicians visiting the display of Hospital Liquids, Inc. Competent physicians will be in attendance at the booth and they will be glad to discuss the many problems of parenteral therapy.

The G. A. Ingram Company Space 81-82 Detroit, Michigan

The G. A. Ingram Company will show the latest approved Short Wave Unit at their booths during the September Michigan State Medical Meeting. It will be a combined unit, and all the better features will be incorporated; including, a twenty-five meter inductance cable; a fifteen meter condenser type outlet, and a sixty-five meter outlet for surgical work.

The Kellogg Company Space 1 Battle Creek, Michigan

Visit the Kellogg booth for a cup of refreshing Kaffee Hag Coffee. Bottle exhibits showing the stages in decaffeinating coffee are displayed and complete explanation of process is given. Reprints of reports covering research carried on at the University of Michigan to determine the affects of caffeine, are available. The exhibit is in charge of Mrs. Winifred B. Loggans of the Home Economics Department staff at Battle Creek.

Kellogg Corset Shop Space 7 Detroit, Michigan

Barbara Lymburner and Elsa Cooper of the Detroit Kellogg Shop will exhibit the Health Belts manufactured by the Kellogg Corset Company. Here exists a close cooperative plan between manufacturer and fitter which combines lower prices with better fitting service for conditions of Enteroptosis, Hernia, Sacro-Iliac Strain, Maternity, Obesity, etc.

A. Kuhlman and Company Space 3-4 Detroit, Michigan

A. Kuhlman and Company will exhibit new American Kny Scheerer head end controlled surgical table. The new American Luminaire, a new surgical light providing variable intensity. The new McIntosh line of short wave apparatus. The Filtrair line of Council accepted intravenous solutions and a selected line of surgical instruments and supplies.

Lea & Febiger Space 23 Philadelphia, Pennsylvania

Lea & Febiger will exhibit many new works and new editions of standard medical publications. Among the new titles are Davis' Neurological Surgery, Hawes and Stone on Tubercu-

VIEW THE EXHIBITS

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- losis, Graham, Singer and Ballou on Surgical Diseases of the Chest, and Berglund and Medes on the Kidney. New editions are shown of Rhinehart's Roentgenographic Technique, DuBois' Basal Metabolism, Boyd's Pathology of Internal Diseases, Joslin's Treatment of Diabetes, Pemberton on Arthritis, Kovacs' Electrotherapy and Bridges' Dietetics.
- Lederle Laboratories, Inc.** **Space 49**
New York, N. Y.
 Lederle Laboratories are featuring their Globulin Modified Antitoxins, especially those for Scarlet Fever, Diphtheria, Erysipelas and Tetanus at their booth at the Michigan State Medical Society Meeting. Other biologics shown—all, of course, accepted by the Committee on Chemistry and Pharmacy of the American Medical Association—are Antipneumococcic Sera together with the diagnostic Neufeld Typing Capillary Tubes; Staphylococcus Toxoid; Immune Globulin (measles modifier); Diphtheria Toxoid Alum Precipitated.
- Lepel High Frequency Laboratories, Inc.** **Space 10**
New York, N. Y.
 Lepel High Frequency Laboratories will exhibit an ultra-short wave machine of 9m wave length and a short wave machine of 18m wave length, also a portable short wave machine of 12m wave length, all machines equipped with a circuit to energize our ultra-violet mercury quartz lamp which will also be on display. There will also be on exhibit the Leplex portable x-ray unit, a machine weighing only 39 pounds, which can be carried in a compact case to patient's homes and which sells for \$350.
- Libby, McNeill & Libby** **Space 28**
Chicago, Illinois
 The most outstanding recent development in the science of infant feeding—Libby's Homogenized Foods. This new process mechanically ruptures the food cells of vegetables, fruits, and cereals, refines the cellulose tissue, releases the contained nutriment, and makes these foods more easy to digest and more completely assimilated. Photomicrographs of strained and homogenized foods graphically illustrate the advantages of the newer process. The Research Laboratories of Libby, McNeill & Libby invite you to inspect their display in Booth No. 28.
- The M & R Dietetic Laboratories, Inc.** **Space 32**
Columbus, Ohio
 The M & R Dietetic Laboratories, Inc., will display Similac, a completely modified milk for infants deprived of breast feeding. Representatives will gladly explain the value of the zero curd tension as it applies to infant feeding; also the suggested application of Similac for special cases.
- Mead Johnson & Company** **Space 68**
Evansville, Indiana
 A feature of the Mead Johnson exhibit will be a display of the Percomorph group of products; namely, Mead's Oleum Percomorphum, in liquid and in capsule form, and Mead's Cod Liver Oil Fortified with Percomorph Liver Oil.
- The Medical Bureau of Chicago** **Space 48**
Chicago, Illinois
 M. Burneice Larson offers the facilities of The Medical Bureau, an organization acting as counselor in problems of medical personnel to physicians, hospital administrators, clinic managers and executives in the medical field. The records of physicians who have specialized in the various branches of medicine, men and women interested in assistantships, accredited graduate nurses, laboratory technicians and dietitians, are available to those interested in the completion or reorganization of their staffs.
- Medical Case History Bureau** **Space 43**
New York, N. Y.
 If you are interested in a record keeping system that tells at a glance the case you want, how many calls you made and when, the patient's history, the developments, diagnosis and treatments, as well as the financial status of each case, it will pay you to investigate the Medical Case History Bureau in Booth 43.
- The Medical Protective Company** **Space 80**
Wheaton, Illinois
 The most exacting requirements of adequate liability protection are those of the professional liability field. The Medical Protective Company, specialists in providing protection for professional men, invites you to confer, at their exhibit, with the representatives there. They are thoroughly trained in Professional Liability underwriting.
- The Mennen Company** **Space 5**
Newark, New Jersey
 Be sure to register at the Mennen exhibit. Your registration entitles you to participate in the lucky number drawing for two DeLuxe Fitted Leather Travel Kits—which will be drawn for on the last day of the Convention. Mennen will exhibit their two baby products—Antiseptic Oil and Antiseptic Borated Powder, which have received such widespread acceptance and recognition by the medical profession and hospitals. Samples of these baby products, as well as The Mennen Company's shaving products for men, will be distributed.
- Merck & Co., Inc.** **Space 47**
Rahway, New Jersey
 Cebione (pure crystalline vitamin C) is now available in convenient tablet form for oral administration, and also in ampuls of the pure crystals for patients requiring intravenous administration.
- Michigan Bandage Company** **Space 33**
Detroit, Michigan
Gauztex—a new style bandage that combines the qualities of ordinary bandage and adhesive tape, and eliminates the disadvantages of both. It is self-adherent but will not stick to skin or hair. It is easily applied, forms a neat dressing and requires no adhesive tape. It will not loosen in water, oil or grease; it stays on longer and requires less bandage per dressing.
- Middlewest Instrument Company** **Space 79**
Chicago, Illinois
 Be sure to stop at Booth No. 79 when you are visiting the technical exhibits, and get a few very interesting and educational facts on the new Jones Motor Basal unit. It is Council accepted, guaranteed for life, contains no water, and embodies many exclusive features which will interest you.
- Philip Morris & Co. Ltd., Inc.** **Space 70**
New York, N. Y.
 Philip Morris & Co. Ltd., Inc., will demonstrate the method by which it was found that Philip Morris cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than ordinary cigarettes in which glycerine is employed.
- C. V. Mosby Company** **Space 36**
St. Louis, Missouri
 The C. V. Mosby Company of St. Louis, will exhibit its complete line of medical publications. Among the 1936 releases on display will be—Sadler, "Theory and Practice of Psychiatry"; Hansel, "Allergy of the Nose and Paranasal Sinuses"; Herrmann, "Synopsis of Heart Dis-

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PROGRAM—1936 MEETING

eases"; Murray, "Examination of the Patient and Symptomatic Diagnosis"; Taussig, "Abortion—Spontaneous and Induced"; Bram, "Exophthalmic Goiter," and Bray, "Clinical Laboratory Methods."

Parke, Davis & Company Space 13, 14, 15, 16 **Detroit, Michigan**

A number of scientific accomplishments will be displayed by Parke, Davis & Company's staff of expert technical men in charge of Booths 13, 14, 15, and 16. Products of special interest to the medical profession will be shown, including Mapharsen (the new arsenical for antisyphilitic therapy), Meningococcus Antitoxin, hypnotics and sedatives included in the Ortol group, and several glandular products.

The Pelton & Crane Company Space 6 **Detroit, Michigan**

The Pelton & Crane Company, of Detroit, is showing a complete line of Pelton Sterilizers, including the attractive new "Tri-Plex" model, with built-in Instrument Sterilizer and Autoclave. Also on display are Pelton Cuspidors and Operating Lights, including the sensational new "Localite"—the no-heat, no-glare light for operative and diagnostic work.

Pet Milk Company Space 71-72 **St. Louis, Missouri**

Petrolagar Laboratories Space 65 **Chicago, Illinois**

Five types of Petrolagar are available for the specialized treatment of constipation. Each type serves a special purpose and enables the physician to fit the treatment to the particular need of the patient. Samples and further information may be obtained from Messrs. L. F. Harrison and R. J. Corkery at Booth No. 65.

Picker X-Ray Corporation Space 40-41 **New York, N. Y.**

Picker X-Ray Corporation will exhibit its new Series 93 complete x-ray apparatus—a condensed shockproof unit for fluoroscopy and Bucky radiography. This apparatus fills the needs not only as an auxiliary unit for the hospital or the roentgenologist, but as a general duty office unit as well.

Pocahontas Fuel Company, Inc. Space 39 **Detroit, Michigan**

A demonstration of Heating with Coal for Health's sake by the "O. P." completely Automatic Stoker. Dustless coal fed from bin to furnace thoroughly burned and ash completely removed to dust-proof cans with no clinker formation. This maintains circulation of air at even temperature, the two salient requirements of body comfort and health. Doctors, discuss your heating problems with our heating engineers.

Randolph Surgical Supply Company Space 11-12 **Detroit, Michigan**

The Randolph Surgical Supply Company will display a complete line of new equipment and medical furniture of modern design and new features to increase the efficiency of the physician's practice. Hamilton's new all-purpose examining table, also the latest development in short wave equipment by Liebel Flarsheim and other new equipment and instruments.

E. H. Rowley Company Space 83 **Detroit, Michigan**

E. H. Rowley Company, of Detroit and Grand Rapids, manufacturers and fitters of artificial legs and arms, will exhibit a complete line, using living models to demonstrate the salient features of limbs on display. Artificial legs for

above-knee and below-knee amputations will be shown, as well as arms for use after above-elbow and below-elbow amputations.

W. B. Sanders Company Space 50 **Philadelphia, Pennsylvania**

W. B. Saunders Company will have on display a complete line of their 250 titles. Of particular interest will be many new books and new editions including Wolf's "Endocrinology in Modern Practice," Berens' "Eye Diseases," Levine's "Clinical Heart Disease," New York Academy of Medicine Lectures on "Respiratory Diseases," Rehfuess and Nelson's "Medical Treatment of Gallbladder Disease," "Medical Clinics of North America," "Surgical Clinics of North America," Bickham's "Operative Surgery," Curtis' "Obstetrics and Gynecology," Christopher's new complete "Surgery," new edition of Christopher's "Minor Surgery," new Mayo Clinic Volume, Hinman's "Urology," Jackson's Diseases of Air and Food Passages, and Cecil's Medicine, Eusterman and Balfour's "Stomach and Duodenum," and Thoma's "Oral Diagnosis and Treatment Planning."

Scientific Sugars Company Space 42 **Indianapolis, Indiana**

Cartose is a distinctive carbohydrate syrup made expressly for the physician's use. It is uniform, practically sterile, and contains no irritating impurities.

Hidex is a high dextrin dextrin-maltose powder which provides a slowly digestible and not readily fermentable carbohydrate valuable for infant feeding and conditions of hyperemesis in pregnancy.

Kinney's Vitamins are made for clinical use, and are not advertised to the laity.

S.M.A. Corporation Space 52 **Cleveland, Ohio**

S.M.A.—the antirachitic breast milk adaptation; Hypo-Allergic Whole Milk; as well as Carotene (Pro-Vitamin A) products, including real Carotene Crystals. Qualified technicians will be on hand to give appropriate information.

Sonotone Detroit Company Space 30 **Detroit, Michigan**

The Sonotone Hearing Aids will be displayed by the Sonotone Detroit Company with the Lansing and Grand Rapids dealers cooperating. The latest models of Dr. Lieber's bone and air conduction instruments will be shown, explained and demonstrated. Walter C. Bieneman, Detroit Manager, will be in charge, assisted by W. E. McKechnie, Lansing, and F. M. Cooper, Grand Rapids.

Standard X-Ray Equipment Company Space 57 **Detroit, Michigan**

The Standard X-Ray Equipment Company, of Detroit, will exhibit some outstanding developments in the line of Shockproof X-Ray Equipment as produced by the Standard X-Ray Company, of Chicago. They cordially invite you to visit their booth, where Mr. R. C. Hanks will gladly demonstrate their apparatus.

Frederick Stearns & Company Space 45-46 **Detroit, Michigan**

Frederick Stearns & Company is exhibiting Neo-Synephrin Hydrochloride and Insulin. Neo-Synephrin Hydrochloride is an improved, synthetic vasoconstrictor possessing the advantages of low toxicity and stability. When it is applied to the nasal mucosa, stinging is negligible. Physicians interested in the newer forms of insulin or the more unusual uses of insulin will profit by a visit to the exhibit.

Taylor Instrument Companies Space 34-35 **Rochester, New York**

Tycos blood pressure instruments in all the new models will be on display at the booth of the Taylor Instrument Companies.

VIEW THE EXHIBITS

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Learn about the 10-year guarantee which eliminates repair charges—also the liberal exchange plan whereby you can trade in your old instrument as part payment towards a new Tycos.

Treatment Regulator Corp. Detroit, Michigan

Space 44

For Administering Elliott Treatment, the Elliott Treatment Regulator circulates a constant supply of hot water through anatomically-shaped Latex applicators. Applicators are evenly distensible and when inserted in orificial body cavity fill cavity entirely, radiating heat evenly and uniformly. Pressure and temperature are under physician's control so patient suffers no discomfort. Temperature of 130 degrees F. can be continuously maintained.

James Vernor Company Detroit, Michigan

Space 56

Vernor's Ginger Ale needs no introduction in medical circles. Its manifold uses are familiar to dietitian and surgeon alike. The dry ice dispenser shown at Booth No. 56 at the M.S.M.S. Annual Convention and Exhibition with an appropriate display of Vernor products, is the latest development for party uses. This unit is designed to serve a cold, tangy glass of Vernor's with all the efficiency of a fountain. Our hostess will be pleased to arrange for this service with a neat booth or stand, as you may desire.

Western Electric Hearing Aid Detroit, Michigan

Space 18

Latest developments of the famous Bell Telephone Laboratories, shown at booth No. 18, include the new "Western-Electric" electric Stethoscope for testing the heart and chest, new Audiometer for testing hearing and new Audiophones for the deafened. Mr. G. C. Coil, Graybar Electric Company, Chicago, and Mr. W. M. Peoples, Detroit, representative, are in charge.

COUNCILOR DISTRICTS

First District.—Wayne.

Second District.—Hillsdale, Ingham, Jackson, Eaton.

Third District.—Branch, Calhoun, St. Joseph.

Fourth District.—Allegan, Kalamazoo-Van Buren, Berrien, Cass.

Fifth District.—Barry, Ionia-Montcalm, Kent, Ottawa.

Sixth District.—Clinton, Genesee, Shiawassee.

Seventh District.—Huron, Lapeer, Sanilac, St. Clair.

Eighth District.—Gratiot-Isabelle-Clare, Midland, Saginaw, Tuscola.

Ninth District.—Grand Traverse-Leelanau-Benzie, Manistee, Wexford (Wexford, Kalkaska, Missaukee).

Tenth District.—Bay-Arenac-Gladwin-Iosco, O. M. C. O. R. O. (Otsego, Montmorency, Crawford, Oscoda, Roscommon and Ogemaw combined).

Eleventh District.—Mason, Mecosta-Osceola, Muskegon, Oceana, Newaygo, Lake.

Twelfth District.—Chippewa-Mackinac, Delta, Luce, Marquette-Alger, Schoolcraft.

Thirteenth District.—Alpena-Alcona, Presque Isle, Northern Michigan (including Antrim, Charlevoix, Cheboygan, Emmet).

Fourteenth District.—Livingston, Lenawee, Monroe, Washtenaw.

Fifteenth District.—Macomb, Oakland.

Sixteenth District.—Wayne.

Seventeenth District.—Dickinson-Iron, Gogebic, Houghton-Baraga-Keweenaw, Menominee, Ontonagon.

HOUSE OF DELEGATES, MICHIGAN STATE MEDICAL SOCIETY, 1936

Names of alternates appear in italics.

Allegan

W. C. Medill, Plainwell

E. T. Brunson, Ganges

Alpena-Alcona-Presque Isle

F. J. O'Donnell, Alpena

D. A. Cameron, Alpena

Barry

R. B. Harkness, Hastings

H. S. Wedel, Freeport

Bay-Arenac-Iosco-Gladwin

L. Fernald Foster, Bay City

C. S. Tarter, Bay City

Berrien

R. S. Snowden, Buchanan

D. Richmond, St. Joseph

Branch

R. L. Wade, Coldwater

Samuel Schultz, Coldwater

Calhoun

Harvey Hansen, Battle Creek

A. T. Hafford, Albion

Wm. M. Dugan, Battle Creek

N. H. Amos, Battle Creek

Cass

W. C. McCutcheon, Cassopolis

E. M. Cunningham, Cassopolis

Chippewa-Mackinac

J. G. Blain, Sault Ste. Marie

F. Wendell Tamblin, Sault Ste. Marie

Clinton

Dean W. Hart, St. Johns

F. D. Richards, DeWitt

Delta

J. J. Walch, Escanaba

No alternate named

Dickinson-Iron

E. M. Libby, Iron River

W. H. Huron, Iron Mountain

Eaton

A. G. Sheets, Eaton Rapids

P. Engle, Olivet

Genesee

F. E. Reeder, Flint

George Curry, Flint

Donald R. Brasie, Flint

R. S. Halligan, Flint

D. R. Wright, Flint

Gogebic

W. E. Tew, Bessemer

W. L. Maccani, Ironwood

Grand Traverse-Leelanau-Benzie

E. F. Sladek, Traverse City

No alternate named

Gratiot-Isabella-Clare

Wm. E. Barstow, St. Louis

M. G. Becker, Edmore

Hillsdale

O. G. McFarland, North Adams

A. W. Strom, Hillsdale

Houghton-Baraga-Keweenaw

Geo. C. Stewart, Hancock

G. M. Waldie, Hancock

Huron-Sanilac

D. D. McNaughton, Argyle

J. C. Webster, Marlette

Ingham

L. G. Christian, Lansing

Harold W. Wiley, Lansing

C. F. DeVries, Lansing

O. M. Randall, Lansing

R. Wadley, Lansing

R. L. Finch, Lansing

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Ionia-Montcalm

F. H. Ferguson, Carson City
Wm. L. Bird, Greenville

Jackson

Philip A. Riley, Jackson
James J. O'Meara, Jackson
Horatio A. Brown, Jackson
Corwin S. Clarke, Jackson

Kalamazoo-VanBuren

F. T. Andrews, Kalamazoo
R. G. Cook, Kalamazoo
Chas. TenHouten, Paw Paw
F. M. Boothby, Lawrence
H. H. Stryker, Kalamazoo
W. R. Vaughan, Plainwell

Kent

B. R. Corbus, Grand Rapids
Leon Sevey, Grand Rapids
Wm. R. Torgerson, Grand Rapids
A. V. Wenger, Grand Rapids
Carl F. Snapp, Grand Rapids
J. D. Brook, Grand Rapids
R. R. Smith, Grand Rapids
D. Hagerman, Grand Rapids
G. H. Southwick, Grand Rapids
Paul Kniskern, Grand Rapids

Lapeer

D. J. O'Brien, Lapeer
H. M. Best, Lapeer

Lenawee

A. W. Chase, Adrian
G. C. Hall, Adrian

Livingston

H. G. Huntington, Howell
J. J. Hendren, Fowlerville

Luce

R. E. Spinks, Newberry
A. T. Rehn, Newberry

Macomb

A. B. Bower, Armada
J. N. Scher, Mt. Clemens

Manistee

K. M. Bryan, Manistee
L. A. Lewis, Manistee

Marquette-Alger

V. Vandeventer, Ishpeming
R. A. Burke, Palmer

Mason

Lars W. Switzer, Ludington
No alternate named

Mecosta-Osceola

Geo. W. Yeo, Big Rapids
Jacob Bruggema, Evart

Menominee

Edward Sawbridge, Stephenson
No alternate named

Midland

David Littlejohn, Midland
J. H. Sherke, Midland

Monroe

Dean Denman, Monroe
J. H. McMillin, Monroe

Muskegon

Roy H. Holmes, Muskegon
Leland E. Holly, Muskegon

Newaygo

O. D. Stryker, Fremont
W. H. Barnum, Fremont

Northern Michigan

Guy C. Conkle, Boyne City
No alternate named

Oakland

Otto Beck, Birmingham
Ernest Bauer, Hazel Park
A. V. Murtha, Pontiac
Robert Baker, Pontiac

Oceana

W. Lemke, Shelby
Clinton Day, Hart

O. M. C. O. R. O.

C. R. Keyport, Grayling
C. G. Clippert, Grayling

Ontonagon

E. J. Evans, Ontonagon
J. L. Bender, Mass

Ottawa

E. A. Stickley, Coopersville
W. C. Kools, Holland

Saginaw

Ralph Jiroch, Saginaw
C. E. Toshach, Saginaw
L. C. Harvie, Saginaw
O. W. Lohr, Saginaw

St. Clair

A. L. Callery, Port Huron
T. E. DeGurse, Marine City

St. Joseph

R. A. Springer, Centerville
D. C. Weir, Three Rivers

Schoolcraft

Gail Broberg, Manistique
A. R. Tucker, Manistique

Shiawassee

I. W. Greene, Owosso
W. E. Ward, Owosso

Tuscola

O. G. Johnson, Mayville
A. S. Rundell, Vassar

Washtenaw

John Sundwall, Ann Arbor
Dean W. Myers, Ann Arbor
John Wessinger, Ann Arbor
S. L. LaFever, Ann Arbor
H. B. Britton, Ypsilanti
Warren E. Forsythe, Ann Arbor

Wayne (All delegates from Detroit except otherwise indicated)

R. C. Jamieson, T. K. Gruber of Eloise, J. M. Robb, Ralph H. Pino, L. J. Hirschman, Fred H. Cole, Jos. H. Andries, H. A. Luce, W. D. Barrett, Wm. J. Cassidy, Wm. J. Stapleton, F. B. Burke, Wm. R. Clinton, Douglas Donald, A. E. Catherwood, A. P. Biddle, S. W. Insley, Harry F. Dibble, Angus McLean, Chas. R. Kennedy, John L. Chester, E. D. Spalding, C. F. Brunk, Frank A. Kelly, H. W. Plaggemeyer, H. W. Yates, Chas. E. Dutchess, David I. Sugar, A. W. Blain, P. L. Ledwidge, C. K. Hasley, A. F. Jennings, W. S. Revero.
L. J. Gariepy, H. P. Cushman, B. U. Estabrook, C. E. Umphrey, M. H. Hoffmann, C. R. Davis, Wm. Honor of Wyandotte, L. T. Henderson, J. A. Hookey, B. L. Connolly, J. A. Kaspar, L. O. Geib, S. E. Gould, F. C. Kidner, S. A. Flaherty, E. R. Witwer, H. J. Kullman, C. R. Simpson, E. G. Krieg, H. W. Peirce, F. W. Hartman, R. B. Walker, Mark McQuiggan, W. N. Braley, Allan W. McDonald, Frank J. Kilroy, Wm. P. Woodworth.

Wexford

W. Joe Smith, Cadillac
J. F. Carrow, Marion

LOCAL COMMITTEES ON ARRANGEMENTS

General Chairman: Dr. T. K. Gruber
President of the Wayne County Medical Society

Committee on Hotels

Harry F. Dibble, <i>Chairman</i>	F. T. Munson
Volney Butler	A. H. Price
W. C. Lawrence	C. K. Valade
	R. V. Walker

Entertainment Committee

M. H. Hoffmann, <i>Chairman</i>	J. W. Becker
H. G. Bevington	E. W. Fitzgerald
B. L. Connelly	Frank M. MacKenzie

Committee on Reception and Information

C. E. Lemmon <i>Chairman</i>	J. D. Mabley
J. R. Boland	W. D. Mayer
R. H. Bookmyer	Kenneth McColl
Douglas Donald	C. S. Ratigan
Howard Hanna	O. W. Pickard
S. W. Insley	Lynn F. Webber
	Wm. P. Woodworth

Committee on Guests and Speakers

W. B. Cooksey, <i>Chairman</i>	C. K. Hasley
J. H. Andries	H. A. Luce
Wm. J. Cassidy	Wm. S. Reveno
	D. I. Sugar

Clinic Monitors Committee

E. R. Witwer, <i>Chairman</i>	M. W. Jocz
F. B. Burke	Paul Lippold
Don A. Cohoe	R. C. Lockwood
C. A. Christensen	J. B. Rieger
Paul DuBois	Saul Rosenzweig
R. L. Fisher	L. W. Shaffer
Thos. N. Horan	Nelson Taylor
	C. E. Umphrey

Committee on Autos and Parking

L. J. Garipey, <i>Chairman</i>	E. P. Mills
L. M. Bush	R. R. Piper
B. L. Connelly	Gerald A. Wilson

Golf Committee

C. D. Brooks, <i>Chairman</i>	L. J. Morand
Donald V. Clark	L. S. Potter
R. C. Leacock	Walter Wilson

Finance Committee

A. R. Hackett, <i>Chairman</i>	W. H. Gordon
	Herman D. Scarney

Committee on Publicity

Wm. J. Stapleton, Jr. <i>Chairman</i>	A. E. Gehrke
S. E. Barnett	R. W. Hughes
J. H. Dempster	C. S. Kennedy
	George C. Leckie

Committee on Exhibits

S. E. Gould, <i>Chairman</i>	Stanley H. Brown
A. O. Brown	H. G. Palmer

WOMAN'S AUXILIARY

Mrs. Roger V. Walker, <i>Gen'l Chairman</i>	Mrs. F. W. Hartman, <i>Publicity</i>
Mrs. H. W. Plaggmeyer, <i>Entertainment</i>	Mrs. M. D. Vokes, <i>Hobby</i>
Mrs. A. O. Brown, <i>Transportation</i>	Mrs. H. A. Freund, <i>Registration</i>

REPORT OF LEGISLATIVE COMMITTEE

The Legislative Committee of the Michigan State Medical Society respectfully submits the following annual report to the House of Delegates:

An enlarged Legislative Committee of seven men held monthly meetings since last November. Attendance was good. Our President, President-elect, Chairman of The Council, Editor of THE JOURNAL, the Secretary and Executive Secretary, also other officers and members gave valuable time and advice to this Committee. Nine meetings were held and an honest attempt was made to carry out the recommendations of the 1935 House of Delegates and the preceding legislative Committee.

The Committee believes it has developed definite plans for an integrated program with a uniform legislative policy throughout the state. The main-spring of this activity is contact with office seekers before and after election, as experience seems to prove the wisdom of talking to legislators and other public officials before election. This work can be done most efficiently and only by the county medical society, made up of the friends and acquaintances of the office seeker. These keymen, members of the county public relations committee (or legislative committee), can secure information and the candidate's opinions in a quiet way, without antagonizing him, and forward same to the Executive Office of the M.S.M.S. for the permanent files and spot maps. To aid in this work, your Legislative Committee and Public Relations Committee have developed a questionnaire, in order to insure uniformity in our records at Lansing. The medical profession must gain the confidence of legislators and other office holders by proving to them that our motive is protection of the public health and our actions are always for the betterment of medical care. This is the message that the keymen in all counties must instill.

Your Committee discussed needed legislation, including a basic science bill, necessary revision in the Medical Practice Act, a bill to curb unauthorized practice of medicine, a model bill covering efficient administration of the afflicted persons' laws, a barbituric acid bill, and the question of integration of medicine, but at an early date, it decided that the basic science bill should be the chief legislative objective of the M.S.M.S. for the forthcoming legislative session. In Fact, your Committee felt it was far more important to work for the adoption of such a law than to start legal suit at this time against cultists who may be practicing medicine illegally.

The Legislative Committee approved the use of periodic legislative bulletins, sent out from the Executive Office, to advise appropriate committees of county medical societies regarding the situation in legislative activity. During the year, it answered numerous inquiries from county medical societies and individual members, and also studied and decided certain legal and ethical problems. In conjunction with the Public Relations Committee, it developed the Legislative Exhibit at the Annual Meeting of the M.S.M.S. which we recommend to the attention of all members.

Recommendations

The Legislative Committee, after a year of study, respectfully submits the following recommendations for the consideration of the House of Delegates:

1. Instruct every county medical society to appoint an active committee (public relations com-

mittee or legislative committee) to follow through on intensive legislative activity integrated by the Public Relations Committee for the State Society's Legislative Committee, and urge that the program be sustained.

2. Urge the importance of county medical society members identifying themselves with candidates for public office so they know who helped them in their election. It is the responsibility of the county medical society and its members to see that well-informed legislators and other public officials are elected. The Public Relations Committee is willing to integrate legislative activity in every county, but eventual success or failure of a state legislative program, no matter how good, depends upon intensive, enthusiastic and persistent efforts by the county unit.

3. Request county medical societies to quietly obtain information on candidates and supply same immediately upon request to the Executive Office of the M.S.M.S.

4. Recommend that county medical societies become more interested in the proposed recodification of the state welfare laws and the afflicted persons' laws, as the subject concerns the property rights of every practitioner of medicine in this state.

5. Instruct that more publicity be given the activities, aims and purposes of the Michigan State Medical Society. A very active Bureau of Information of the M.S.M.S., plus speakers bureaus in every county medical society, must bring correct information on medical legislation to the public and the press.

6. Approve the principle that, while the medical profession should work out its own program so far as its own problems are concerned, it should work with the other professions of law, dentistry, nursing, education, whenever possible, on all matters that are for the good of the people, especially in view of the implications of the Social Security Act.

7. Instruct that all legislation desired by the Michigan State Medical Society to be presented to the Michigan Legislative Council for introduction into the Legislature.

8. Suggest to the Woman's Auxiliary and to the Michigan Branch of the Medical Women's National Association that they become increasingly interested in the legislative and sociological activities of all women's clubs and like organizations.

Dr. Fred Burke of Detroit will present to the House of Delegates a detailed report concerning the unauthorized practice of medicine.

Dr. J. E. McIntyre will discuss proposed changes in The Medical Practice Act.

Respectfully submitted,

H. H. CUMMINGS, M.D., *Chairman*
F. B. BURKE, M.D.
L. G. CHRISTIAN, M.D.
HENRY COOK, M.D.
L. J. GRIFFIN, M.D.
H. E. PERRY, M.D.
C. F. SNAPP, M.D.

REPORT OF JOINT COMMITTEE ON PUBLIC HEALTH EDUCATION

Since January, 1935, the Joint Committee on Public Health Education, has held five meetings. The January, 1935, meeting had twenty-one members present, and the last meeting, May, 1936, had thirty-nine members present. The first three meetings were for the purpose, first, of investigating the advisability of engaging upon a program to coördinate the health education activities of the various health agencies in the State; and second, of financing a method for carrying out the program.

Funds were made available for the employment of a full-time field secretary, whose duties were to act as the liaison officer in bringing about a co-ordinated program in the field of health education in Michigan.

It will be recalled that the chief concern of the Joint Committee, since its inception by this Society in cooperation with the University of Michigan in 1921, has been to promote health education through lectures on medical and health subjects throughout the State. Through the formative years, to persons who were in close contact with the Joint Committee, it became increasingly apparent that a satisfactory means of coördinating programs of various units was essential for the best interests of all concerned in health education programs.

It is interesting to recall a portion of the report made to this body in the fall of 1923 by Dr. J. G. R. Manwaring, Chairman of the Advisory Committee on Public Health:

"Because of the troubled times of the present and the suspicions and difficulties physicians meet in their organized efforts, your committee recommends that the Michigan State Medical Society get into closer touch with other agencies interested in public health work. . . .

"Your committee recommends that an effort be made to form a central organization, directed by a board of managers under whatever name, made up of representatives from the organizations listed below.

"The duties of this organization will be to interest itself in the various public activities of the State, to assist in proper legislative action, to act as a medium through which these various activities can set themselves right with each other, to save duplication of effort, and to afford strong support when and where it is needed.

"Such an organization made up of laymen as well as physicians will have a standing and an influence which physicians alone cannot have, as no suspicion of selfish interest can attach itself to such a body.

"What units should comprise this organization will need further study, but as most of the work will be of an educational nature, educational units should be represented.

"Your committee tentatively suggests that the following organizations be represented in this program:

Michigan State Department of Health.
Michigan Tuberculosis Society (Trudeau Society).
Michigan Public Health Association.
Public School Commissioners Department.
Extension Department, University of Michigan.
Extension Department, Detroit College of Medicine.
Extension Department, Michigan Agricultural College.
American Red Cross.
Michigan State Nurses Association.
Michigan State Hospital Association.
Michigan State Newspaper Association.
Michigan State Dental Society.
Michigan Federation of Women's Clubs.
Michigan State Medical Society.

"It is further recommended that a Committee of Medical Relationships be appointed, whose chairman will represent the State Medical Society in the body above suggested."

The Joint Committee now consists of twenty-three organizations. Its membership includes all organizations suggested in the report just quoted. It will be readily recognized as we review the reorganized program of the Joint Committee, as inaugurated in September, 1935, that several suggestions of Dr. Manwaring's committee have been adopted.

PROGRAM—1936 MEETING

At the special session of the Joint Committee in November, 1935, four standing committees and an executive committee were created. It was not expected that each of these committees would become active at once, but rather that the activities of each sub-committee would begin as soon as time and facilities would permit their successful operation.

Health Education in Schools

The first subcommittee to become active was the Committee on Health Education in Schools. The personnel of this Committee is:

Dr. Mabel E. Rugen, Chairman.....University of Michigan
Miss Alice Evans.....Children's Fund of Michigan
D. W. Gudakunst, M.D.....
.....Michigan Assn. of School Physicians
Dr. K. L. Heaton.....State Dept. of Public Instruction
Miss Ottilia Frisch.....Michigan Education Association
Miss Ruth Freegard.....Michigan Home Economics Association
Miss Hazel Herringshaw, R.N.....
.....Michigan State Nurses Association
V. S. Blanchard.....Michigan Physical Education Assn.
W. R. Davis, D.D.S.....Michigan State Dental Society
Mrs. Lynn McNaughton.....
.....Woman's Organization for Non-Partisan Reform
Mr. Clare Gates.....Field Secretary, Joint Committee

This committee has held four all-day sessions and another meeting is scheduled to take place between the time of writing this report and its presentation.

The duties of this committee are to deal with problems of health in the school curriculum, the problem of health instruction to teachers in service and to teachers in training.

It should be noted that this subcommittee has been recognized by the State Department of Public Instruction as a contributing committee to the State Curriculum Study. Recommendations made by the committee and bulletins it prepares will be accepted and distributed by the State Department of Public Instruction.

The immediate concern of the committee is that a well-coördinated health instructional guide be prepared for use in schools. It requires very little observation to discover that there is an urgent and immediate need for the work this committee is doing.

It is unnecessary to comment on the high character and professional attainments of the several members of the committees.

Adult Health Education

The second subcommittee to become active was the Committee on Adult Health Education. The personnel of this committee is:

Miss Marjorie Delavan, Chairman....State Dept. of Health
Miss Mary Connolly.....Michigan Public Health Assn.
Dr. C. A. Fisher.....University of Michigan
Mr. Theo. J. Werle.....Michigan Tuberculosis Assn.
W. W. Gibson, D.D.S.....Michigan State Dental Society
Roy H. Holmes, M.D.....Michigan State Medical Society
Edna V. Smith.....Michigan State College
Louise Knapp, R.N.....Michigan State Nurses Assn.
Mrs. M. R. Keyworth.....Michigan Council on Adult Education
Mrs. Rachel G. Thompson.....
.....Woman's Organization for Non-Partisan Reform
Mr. Clare Gates.....Field Secretary, Joint Committee

At the initial meeting of the group it was agreed that an important method of developing a program would be through the collection of data on outstanding adult education programs. The suggested plan of work is an indirect rather than a direct approach, designed to function through professional workers and groups in the field.

The other two subcommittees, one on Scientific Programs, and the other on Administration, have not held meetings. The personnel of these committees is:

Scientific Program—B. W. Carey, M.D., Chairman; Wm. J. Stapleton, Jr., M.D., L. O. Geib, M.D., W. R. Davis, D.D.S., B. R. Corbus, M.D.
Administration—Dr. W. D. Henderson, Chairman; W. R. Davis, D.D.S., C. T. Ekelund, M.D.

The Executive Committee, consisting of the Chairman of the Joint Committee and the Chairmen of the four standing committees, meets as the occasion demands.

Radio Program

At the request of the Radio Committee of the State Medical Society, the Joint Committee, through its field secretary, made a survey of health programs given over radio stations in the State. This survey has been made and a report filed with the Radio Committee of the State Medical Society. The Field Secretary of the Joint Committee will continue to give assistance to the Radio Committee.

Cancer Program

A special grant of \$600 has been made to the Cancer Committee of the State Society at the request of Dr. O. A. Brines, the Chairman. This grant was made to aid in financing the excellent and comprehensive program of this committee. In addition to financial assistance to the Cancer Committee, the Joint Committee is assuming the responsibility of the distribution of its literature as well as the arrangement of the details for a state-wide lecture campaign contemplated in its program.

Health Education Program

The Joint Committee is continuing its program of promoting health and medical lectures. The emphasis, however, is placed on adult groups. A bulletin listing subjects approved and recommended by the appropriate committees in the State Society has been prepared and mailed to program chairmen of such organizations as the Parent-Teacher Associations, Women's Clubs, Granges, and so forth.

Conclusions

It is apparent from a review of the progress of the Joint Committee for the past year that after thirteen years the program has begun to approximate the far-reaching and sound suggestions made by Dr. Manwaring's committee in 1923. The intervening years have been rich in experience and the future seems promising for the gradual fulfillment of the early ideals of this organization.

Like the parts of a gigantic jig-saw puzzle, the different sections of public health education are beginning to take related positions. This is especially true of the different parts of the section on health education in schools and the section on adult education. At the same time, beginnings have been made in the more effective use of the radio and in assisting the expansion of a state-wide educational program on subjects of specific concern. And finally, a central bureau for providing speakers on health subjects in coöperation with the special committees of the professional groups is being continued. It may be said that during the year the major emphasis has been placed on a study of relative values, rather than quantitative activities, to determine the best methods of expanding and extending the Committee's activities.

REPORT OF THE COMMITTEE ON ECONOMICS

At the last meeting of the State Society at Sault Ste. Marie, this committee was authorized to continue the following subcommittees:

1. Survey of Relief Medicine.
(We are making a statement but not a final report on relief medicine at this time).
2. Post-graduate medicine for general practitioners, and in addition we were authorized to make a study of—
3. Industrial Medicine.
4. Group Hospitalization.

I.

SURVEY OF RELIEF MEDICINE

The sub-committee in charge of this phase of the program of the Economics Committee, with Dr. Insley as its chairman, has carried a heavy program this year. The final report of this committee will not be ready before the meeting of the State Society in September. Studies made by this committee cover three phases of medical care:

1. Care of the indigent.
2. Care of those needing supplementary medical relief.
3. Care of those in the low income group.

This committee hopes to be able to present a comprehensive plan for the care of the indigent to the House of Delegates at the September meeting. We are fully aware that no plan can be made available that will be perfect.

We wish to emphasize this, however, that some plan by the medical profession must be made for the following reasons:

1. The legislature meets in January.
2. Some form of relief medical legislation may be introduced by other groups.
3. Legislators who are not familiar with the facts of medical care must depend for guidance on some plan that will be submitted to them. That is the only way in which they can be guided in their deliberations.
4. If the medical profession gives them no positive guidance, that is logically set up and definite, they will be guided by plans from other sources.

Be sure that we will make no proposal that does not:

- (a) Adhere to the patient-physician relationship and to the freedom of choice of the physician by the patient except in so far as the physician may choose to send the indigent patient to a free clinic for indigent patients organized and conducted for teaching purposes and which does not also adhere
- (b) To the payment for medical care for the indigent on the same basis as for any of the other necessities of life.

We believe that such a procedure would place in the hands of younger men a source of practice and of income of benefit to the patient, the physician, and the County or State in the case of indigent patients and cost less than under present methods of salaried County physicians.

Your Committee comprehends that there are but two ways by which the indigent person can receive medical care:

- (1) By free care from private physicians.
- (2) By medical care provided by the County or State, or Private agency.

The medical profession cannot possibly provide

free medical care for all the indigent and should not be asked to. If, therefore, a more satisfactory arrangement can be made for all parties than now prevails, such planning should receive your consideration.

Supplemental Medical Relief and Care of the Lower Wage Group

(a) *The Low Wage Group.*

The sub-committee on relief medicine are giving this phase of medical relief a great deal of consideration. Both the chairman of relief medicine and of your Economics Committee have for nearly four years been active in the development and conduct of the Medical Service Bureau of the Wayne County Medical Society. This is a post-payment plan for those of low income that has been extensively copied in other cities. It is a plan consistent with the Medical tradition that the patient should have immediate care when needed, by the physician of his choice, and be allowed to pay for it as he can. It is a plan that places the recipient of medical care "on his own" and preserves his personal integrity. He pays to the extent of his ability to pay and no further.

(b) *Supplementary Relief Group.*

It would save much for the County and State to allow these people to pay on a post-payment plan. It would seem that the filter system inaugurated by the State Medical Society could provide the needed balance wheel in such a program.

Your sub-committee is studying ways and means of easing credit for these people. It requires much consideration.

Assuming that the following statistics are correct it immediately becomes apparent that the medical profession have always given people care in a very large part on post-payment basis and will so continue. Would it not seem that as far as possible other groups such as hospitals should give thoughtful consideration and coöperation in the development of ways and means of stabilizing this source of medical care?

These figures are from pre-depression reports.

Per Cent of Population	Income
.125	\$50,000 or over
.268	\$25,000 to \$50,000
1.08	10,000 to 25,000
3.58	5,000 to 10,000
8.92	3,000 to 5,000
7.154	2,000 to 3,000
35.37	1,500 to 2,000
22.76	1,000 to 1,500
13.93	500 to 1,000
6.78	500 and less
78.84	0 to \$166 per month

Your Committee on Public Relations is developing ways and means of providing post-payment facilities throughout the State in further answer to the call for more complete medical care in every county.

II.

POST-GRADUATE COURSES FOR GENERAL PRACTITIONERS

A. F. JENNINGS, sub-committee chairman

The sub-committee on Post-Graduate education has previously prepared and presented to this society a survey of existing facilities for post-graduate teaching (1934), an analysis of the results achieved in Michigan, as applied to the general practitioner, by the program put in effect under the

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direction of the State Executive Committee on Post-Graduate Education (1935), and certain recommendations for the continuance of this work (1935).

In brief these recommendations embrace:

1. Utilization of all hospitals as centers of medical education.
2. A permanent faculty.
3. A regular curriculum.
4. An annual eight day course of study.
5. A certificate of attendance for each year of study.
6. A fellowship in Post-Graduate Medicine for attendance at five courses of study over a period of eight years.
7. An Honorary Fellowship in Post-Graduate Medicine for attendance at twelve courses of study over a period of twenty years.

It has been the aim of this work to transform every general practitioner from a potential to an actual student of the advances in Medicine. It has been repeatedly emphasized that the studies undertaken should be for the general practitioner and not for the training of specialists, the latter being adequately met by other agencies.

This Committee wishes to direct the attention of this Society to the results achieved by the State Executive Committee on Post-Graduate Education for the general practitioner, and recommends that the work be continued and expanded as experience indicates.

This Committee further recommends that the Michigan State Medical Society issue a certificate of attendance for each physician attending one course of Post-Graduate study, a certificate of Fellowship in Post-Graduate Medicine to each physician attending five such courses in eight years and a certificate of Honorary Fellowship to each physician attending twelve such courses in twenty years.

In addition to post-graduate teaching directed from the large educational centers, this Committee recognizes the tremendous potentiality for medical investigation, study and teaching interest to each and every hospital. A program to this effect has been reported by Dr. Ralph H. Pino at the annual conference of Secretaries of the State Medical Societies, Chicago, November 1935, and is in operation at Harper Hospital, Detroit. Under it certain members of the staff would be provided the opportunity to study designated diseases through observation of cases, review of the literature and analysis of personal experience. The knowledge so acquired could be made available to the profession through local clinics at teaching hours elsewhere in the State, or through the JOURNAL.

To this end this Committee recommends that certain hospitals removed from the large teaching centers also be requested to establish study centers, following the program of Dr. Pino, and that, if successful, the program be extended generally through the State.

This Committee recognizes the growing desire of many of the members of the profession to acquire a Master's degree in one of the special branches of medicine of a certification in a specialty. The Committee believes that a portion of the required work could well be done in selected localities where study centers have been established, and recommends that conferences to this end be held with the University of Michigan and the Wayne University.

This Committee further recommends that the various hospitals throughout the State be requested to take part in State-wide surveys in the investiga-

tion of certain diseases to the end that knowledge of them be disseminated and methods of treatment be unified.

III

INDUSTRIAL MEDICINE

At the annual meeting last year it was recommended that the Economics Committee be instructed to devote one year to the study of this subject.

We feel that our one year's study has been a fruitful one. Fruitful in our discovering that no Economics Committee made up of practicing physicians can do more than suggest possible methods of study. At our last meeting to consider this subject, held in conjunction with a similar committee of the Wayne County Medical Society, it was generally agreed that the Medical Society of the State could accomplish little of itself. That Committees would have to be named to contact Industry and Labor organizations, gathering their viewpoints and then attempting, in coöperation with them, to set up a program as nearly satisfactory to all concerned as possible. This we believe should be one phase of the program. It seems apparent that nothing less than a relatively expensive study conducted and financed possibly through the A. M. A. or the A. M. A. and State Societies combined, can be exhaustive enough to furnish adequate information. Such a commission might be named from influential medical men from industrial centers in various states. The detail work to be done by a competent, well paid executive secretary to the commission. The cost to be defrayed by the A. M. A. or by the A. M. A. in part, supplemented by assessments or contributions from the various State Medical Societies. A contribution of \$500.00 each from the 48 state societies matched by a similar sum from the A. M. A., or nearly \$50,000, might be sufficient for some definite conclusions to be reached over a period of two or three years.

If further deliberation warrants, prior to the annual meeting in September, a resolution will be drawn up and presented, advocating a study of this subject financed by the A. M. A. or by the State Societies and the A. M. A. combined.

When we consider the magnitude of the subject, coupled with the fact that we have only approximately \$500.00 to spend for our combined Economics Committee work, it becomes impossible for us to turn in a report on the subject of any importance as far as investigated facts are concerned. Some important phases of the subject include the following:

1. Occupational diseases.
2. Practice by corporations.
3. Industrial surgery.
4. Mutual insurance in Industry for medical care.
5. Practice of medicine by Hospitals relating to industry.
6. Workingmen's compensation.
7. Industrial practice in foreign countries.
8. Industrial eye hazards.
9. Irregular practitioners in industrial practice.
10. Contract practice.
11. Organized medicine and safety campaigns.

IV

GROUP HOSPITALIZATION

H. E. BECKER, Sub-committee Chairman.

It was recommended that we be prepared to report on this subject within sixty days. This we have found it impractical to do. To start with, authentic

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reports from the Attorney General's office that new legislation will be required before group hospitalization can be undertaken in Michigan, were received.

Material has been gathered from many sources on this subject. We would emphasize the fact that Group Hospitalization is an experiment in the early stages, viewed from the standpoint of an insurance undertaking. If we are not mistaken, the oldest experiment of the kind in the United States under modern set-up is that of Baylor University Hospital at Dallas, Texas, organized in 1929. Since then many organizations have been developed, however, the majority within the past two years, so that the ratio of numbers enrolled in such organizations to duration of experience indicates a movement as yet without substantial experience when looked at from an actuarial standpoint. The argument by those who sponsor it seems logical. We must bear in mind, however, that the argument by the sponsors of Fraternal Insurance seemed logical, and millions of dollars were squandered in it until actual experience proved every tenet of fraternal insurance to be false in fact, though apparently sponsored by the best of intentions.

It is recommended by your Economic Committee that the Michigan State Medical Society take the attitude of watchful waiting while observing the results of Prepayment hospitalization in other states. That the Subcommittee handling this subject be continued, that it be prepared at all times to submit the latest data available on the subject to the Executive Committee of the Council.

Most of the available material on this subject seems to have been prepared by those promoting Group Hospitalization. It is recommended, therefore, that the Subcommittee be allowed a small fund for the purpose of keeping in touch with physicians in close contact with the plans in various cities in order to keep abreast of the experience of medical men in cities where it is being tried.

We do believe that we cannot ignore any honest effort put forth in good faith if the Physician-Patient relationship is preserved, if that effort would alleviate hospitalization needs to that group of 78 per cent of the population whose income ranges from nothing to \$166 per month, whether the plan is Prepayment or Postpayment.

However, we are aware of an analogous relationship existing between Prepayment hospitalization and health insurance. In view of this, your committee recommends a neutral attitude for the present but determined for all time to remain unalterably opposed to group hospitalization regardless of any other of its attributes if it does not preserve the Patient-Physician relationship, the free choice of physician, which government controlled health insurance does not do. This rule would seem adequate as a guide to any future action on this subject by the State Society.

We wish to call your attention to the fact that publications are extant, claiming that the Michigan State Medical Society has gone on record approving Group Hospitalization. Regardless of whatever step you may wish to take in this matter, we believe that the facts should be made clear in this respect.

We were asked to set up the arguments for and against Group Hospitalization. The Canadian Medical Association listed the following in their 1935 report:

Possible Advantages

1. It enables employed persons of average means to be assured of adequate hospital care at no other cost than a monthly payment which averages no more in many instances than the cost of a newspaper a day.
2. It enables them to obtain the scientific advantages of hospital services at an early stage of illness and thus avoids advance of illness to a degree where intensive hospitalization or medical care is required.
3. It avoids the necessity of the patient's going into debt or accepting charity service.
4. It enables him to retain his self-respect and saves him from the spectre of financial insecurity. (There is also distinct moral value in that it helps to prevent pauperization.)
5. It enables the hospital to place its financial structure on a more permanent basis.
6. It tends to increase occupancy of private accommodation (even though such be not included in the plan).
7. It yields an income (to the hospitals) in excess of the cost of care. (This applies to American plans.)
8. It enables the hospitals to admit to private accommodation many persons who otherwise would receive ward service (either by inclusion in the plan or by extending the privilege for a small additional sum).
9. It preserves the independent practice of medicine and enables the doctor to establish and maintain a private relationship between the patient and himself.
10. It enables the doctor to have the advantage of the hospital scientific facilities which otherwise might not be obtained because of the inability of the patient to pay for such service.
11. It enables the doctor to collect his fees more readily.
12. It also enables the doctor to retain many of his patients who otherwise might be lost to him, because of their inability to pay for private hospital service.
13. By lessening the financial burden of sickness to that group upon which it is the greatest hardship, group hospitalization plans remove or at least diminish one of the major factors behind the demand on the part of a large portion of the public for the inauguration of "State Medicine." Group Hospitalization should be looked upon as an antidote to, rather than a precursor of, more radical forms of socialized medicine.
14. A well controlled plan should help to raise the standard of professional work in the hospitals concerned by admitting to the organization only those hospitals with a high standard of efficiency and control and by the requirements and recommendations of the subscribers.
15. The increased interest of the subscribers in the welfare of their hospitals and in health problems generally, should be of mutual benefit to both parties.
16. By reducing hospital deficits, fewer and smaller requests for assistance will have to be made to municipal bodies, to community chests or other sources of charitable funds.
17. A major share of the financial support of public general hospitals would still be provided by the public rather than the State, thus reducing the possibility, albeit a remote one, of political control of our institutions.
18. One hospital administrator comments on the relief of not having continually to send bills for hospitalization.
19. Experience has proved that many patients who could not pay a hospital bill in the ordinary way have little, if any, difficulty in paying small amounts periodically. Also, many of those who might be expected, under ordinary circumstances, to object to paying hospital indebtedness have been found quite willing to pay on the periodic basis.

Possible Disadvantages

1. Many plans are initiated without adequate provision to set up reserves, to minimize operating expenses and profit, to keep the rates actuarially sound, or to insure protection of and control by the subscribers and the hospitals.
2. Should the rate be too low or the hospitalization be heavy, the hospitals participating would lose financially.
3. If all public hospitals in a community are not members, the normal clientele of other hospitals may be affected.
4. It is not sound to have a commercial organization, interested primarily in profits, intervene between hospital and patient.
5. A voluntary plan is comparatively costly because of the greater willingness of the physically weak to participate.
6. If the hospitals are paid so much per patient-day from a common fund this fund might be depleted by undue retention of subscriber-patients.

7. Hospitals cannot guarantee accommodation in case of epidemic or major catastrophe.

8. Patients not requiring hospital care might insist upon being admitted.

9. Subscribers, not having to pay, would remain in hospitals longer than necessary. This, with the likely increased patronage, would overcrowd the hospital and force additional construction.

10. Unless participating hospitals extend their facilities to all doctors, there would be interference with the free choice of physician by the patient.

11. The influence of lay commercial interests may become so extensive that they may dictate to the members of the medical profession the basis of their relations to their patients and possibly limit the choice of medical attendant.

12. The plan is inadequate, inasmuch as other sickness costs are not included, nor do the plans provide in some instances for the dependents.

13. Group Hospitalization is but a precursor of general health insurance or even state medicine.

14. Hospitals are created to treat the sick and it is held by some that hospitals should not engage in developing financial plans for the public.

INSURANCE EXAMINATIONS

The sub-committee on Insurance Examination fees with Dr. Roy H. Holmes of Muskegon as chairman will report at the annual meeting regarding an educational campaign through the JOURNAL and otherwise to stabilize, by a more general understanding and definite procedure, the matter of Insurance Examinations, the present modes of which are contrary to the best interests of all concerned.

* * *

If your Economics Committee interprets the attitude of the medical profession of Michigan properly, it is to the effect that Michigan doctors of Medicine recognize the principle that a man possesses only in so far as he shares.

That if we are to keep our present economic system, it will have to be so managed as to share with all the security of health and a decent livelihood with doors open for personal and family fulfillment. Without this, no business or profession can hope to preserve its status quo in its methods and in its relationship to the people. The seemingly ultra-conservative tradition of medicine is in reality the tradition of sharing. In the protection of this principle we are unalterably against any system of government planning that interjects a third party, be it government or otherwise, between the physician and the patient. We know that that relationship is interfered with by every type of foreign government-controlled practice in existence, and we shall not knowingly be drawn into it.

F. A. BAKER, Pontiac
H. D. BECKER, Battle Creek
E. I. CARR, Lansing
S. W. INSLEY, Detroit
W. H. MARSHALL, Flint
G. A. SEYBOLD, Jackson
FERRIS SMITH, Grand Rapids

(Signed) RALPH H. PINO, *Chairman*, Detroit

NOTE—The Chairman of this committee has attempted to cause this report to meet with the ideas of the various members from their comments on the original report. Two members have not been heard from. Further changes may be made at a meeting of the committee prior to the annual meeting of the House of Delegates.

REPORT OF CANCER COMMITTEE

The Cancer Committee has held several meetings during the past year and has attempted to formulate a workable plan of lay cancer education.

About a year ago, in the summer and fall of 1935, a series of twenty-six cancer articles prepared by the Cancer Committee appeared in a high percentage of over four hundred newspapers throughout the state. The preparation and mailing of these newspaper releases was paid for by an appropriation in the 1935 budget of the society. Early this spring the *Detroit News* ran a series of similar articles of column length on five successive days.

It is the intention of the committee to inaugurate a program of cancer education, beginning after the next annual meeting of the Society, throughout both the lower and upper peninsulas. For this purpose a sub-committee has been appointed to cover the entire state, whose function it shall be to conduct a series of cancer lectures in their respective communities. The pioneering work along this line was done by Dr. VandenBerg in and around Grand Rapids and he will organize this lecture program. To supplement these cancer talks, fifteen sets of lantern slides are being prepared and a minimum of 10,000 cancer booklets, containing essentially the newspaper articles, are being printed. Financial assistance for this activity has been secured from the Joint Committee on Public Health Education through its chairman, Dr. James D. Bruce, to supplement the \$300.00 appropriated by the Council for 1936.

The Cancer Committee has allied itself rather intimately with the Joint Committee because, in the first place, both committees have common aims and secondly, because the Joint Committee is in a position to provide facilities for organizing and executing the program of the Cancer Committee in a very efficient manner.

The immediate concern of the Cancer Committee is education of the public but it has not forgotten the possibilities and necessity of postgraduate medical education along similar lines.

The next meeting of the Committee and Sub-committee will be in Detroit during September at the time of the meeting of the State Society. Another separate meeting of the upper peninsular members is planned to be held in Marquette on October 20.

Cancer Committee

(Signed) O. A. BRINES, *Chairman*.

REPORT OF THE COMMITTEE ON PREVENTIVE MEDICINE

The Committee on Preventive Medicine respectfully submits the following report for 1935-36:

This Committee held three meetings during the past year: On December 9, 1935, at the Hotel Olds, Lansing, Michigan; on April 1, 1936, at the offices of the Michigan Department of Health; and on June 10, 1936, at the Statler Hotel in Detroit.

Various activities have been considered, namely,

A. Bureau of Child Health and Maternal Welfare of the State Health Department

This Bureau has had allotted to it funds from the Federal Government under the Social Security Act. The coöperation of the State Medical Society was asked in advancing a program in the various counties, and the plans were approved with the

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proviso that, "When a plan is being developed in a county, an advisory committee of three members of the County Medical Society will first be formed to work with groups in the county in developing the program and to act as a clearing house of information to the organized groups."

B. County Health Units

The Preventive Medicine Committee has for the past several years gone on record as favoring the formation of County Health Units (not practising units), and wishes again to call the Society's attention to the advantages which may be obtained under such a plan. Also, to the fact that Federal funds are now available for such purposes.

C. Bureau of Tuberculosis

The State Health Department was urged jointly by the Michigan Tuberculosis Society and the Preventive Medicine Committee to form a bureau of tuberculosis. The outline which appears below is a part of last year's report of this Committee, and has been reprinted from the September, 1935, issue of this JOURNAL. It is believed that such a division would be of great value to the State Health Department, the general public, and the practising physician, and so that there would be no misunderstandings as to the functions of this bureau, the Preventive Medicine Committee deemed it wise to republish it:

1. Case Finding by

- (a) Stimulating interest in diagnosis and case reporting by private physicians, by
 1. Instruction—postgraduate in coöperation with the University.
 2. Assistance in providing x-ray facilities.
 3. Proper reimbursement of physicians for diagnosis and care of indigents.
 4. Aid in placement for care.
 5. Check-back on all reported cases for examination of contacts.

- (b) Lay Education in Tuberculosis, by Coöperation with existing organizations, such as the Michigan Tuberculosis Society, and the Preventive Medicine Committee of the State Medical Society.

2. Hospitalization, by

- (a) Insistence that counties properly assume financial burden of care of indigents.
- (b) Studying available facilities for care and supervising care, utilizing all available tuberculosis beds and using beds in general hospitals where proper facilities exist.
- (c) Recommending additional facilities where definitely needed.

3. After Care and Follow-up, by

Looking after proper placement of patient after hospital treatment is over by referring to proper medical care at home, and to proper rehabilitation assistance as far as can be provided in needful cases.

D. Red Cross First Aid

The Red Cross requested approval of the establishment of first-aid stations along main trunk lines. The Committee then passed the ensuing resolutions: "That the Preventive Medicine Committee endorse the principle of wide-spread instruction in first-aid work and that we commend the American Red Cross and other organizations for their efforts along this line, and that we recommend that the county medical societies improve existing facilities, that is, training of police officers and ambulance drivers and

the public in the first-aid treatment of the injured in traffic and other accidents.

E. County Society Meetings

The Committee suggests that at least one meeting a year of every county medical society be devoted to a program on Preventive Medicine (economic and scientific). This program could be jointly sponsored by the county preventive medicine committee with the state, county or local health department.

F. Regional Conferences

The recommendation of last year is repeated. "That one day of each Regional Conference be devoted to Preventive Medicine and Public Health."

Respectfully submitted,

DR. L. O. GEIB, *Chairman*, Detroit
DR. A. L. CALLERY, Port Huron
DR. R. B. HARKNESS, Hastings
DR. SHATTUCK W. HARTWELL, Muskegon
DR. ALFRED LABINE, Houghton
DR. R. M. MCKEAN, Detroit
DR. J. J. O'MEARA, Jackson
DR. MILTON SHAW, Lansing

REPORT OF THE ADVISORY COMMITTEE ON POSTGRADUATE EDUCATION

The Committee held two meetings during the year, the first on March 3, at the Book Cadillac Hotel in Detroit, and the second on June 10, at the University Hospital in Ann Arbor. Attention is called to the complete report of the first meeting which was published on page 414, in the June issue of the JOURNAL. A brief summary of that meeting, including the attendance report which has been brought up to date, is as follows:

Grand Rapids	234
Flint	169
Battle Creek-Kalamazoo	197
Bay City	147
Traverse City-Manistee-Cadillac	75
Ann Arbor	136
Detroit	177
Summer School attendance in Ann Arbor	11

Grand Total Attendance.....1,146

The Committee concurred in the following:

(a) An eight-day program in five centers to be held on the day of the week allotted to each center during eight consecutive weeks this autumn.

(b) Coöperation with the Upper Peninsula Medical Society in its August meeting and a special two-day session in October at some central point in the Upper Peninsula.

(c) The program for each conference to be submitted to this Committee before adoption.

(d) The socio-economic phase of medical practice to be presented at one noon-day luncheon in each area during the regular series.

(e) That wider publicity be given to our postgraduate activities.

(f) That advice and assistance be given to hospital groups or medical society groups not already provided for in this program in the formulation of postgraduate activity by and among themselves.

(g) That some form of certification be available upon the completion of the extra-mural four year

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program, or for equivalent attendance in the Ann Arbor and Detroit centers.

Meeting of June 10, 1936

Those present: Dr. James D. Bruce, Chairman, Ann Arbor; Dr. Henry Cook (as Chairman of the Council), Flint; Dr. C. T. Ekelund (as Secretary), Pontiac; Dr. James H. Dempster (as Editor), Detroit; Dr. A. P. Biddle (representing profession at large), Detroit; Dr. James E. Davis (representing profession at large), Detroit; Dr. Wm. H. Marshall (representing profession at large), Flint; Dr. C. C. Slemons (State Health Commissioner), Lansing.

Also: Dr. R. Raymond B. Allen (Dean of Wayne University School of Medicine), Detroit; Dr. H. H. Cummings (Assistant Director Department of Postgraduate Education), Ann Arbor; Dr. Herman H. Riecker (Assistant in Internal Medicine in Department of Postgraduate Medicine), Ann Arbor.

Absent: Dr. B. R. Corbus (representing profession at large), Grand Rapids; Dr. J. B. Jackson (representing profession at large), Kalamazoo; Dr. J. M. Robb (representing profession at large), Detroit.

The Chairman presented a tentative list of twenty-two subjects, or morning and afternoon programs for eleven days. After careful consideration, the following program tentatively was approved:

- | — 1 —
Morning | Afternoon |
|---|---|
| Clinical Pathological Conference. Clinical Course and Pathology of Circulatory Disease. Two Illustrative Cases. | The Differential Diagnosis and Management of Coronary Disease. Progressive Coronary Occlusion. Angina Pectoris. |
| — 2 — | — 2 — |
| Malposition of the Uterus. The Importance of Clinical Manifestations. Diagnosis and Treatment. | Management of Post-partum Infection. Diagnosis of Mild Cases. Course of the Infection, Prognosis, Prevention and Treatment. |
| — 3 — | — 3 — |
| The Common Psychoneuroses in Adults and Children. The Evaluation of History and Signs. The Manifestations in the Organs. Treatment. | Acute Lobar Pneumonia. A Discussion of Specific Methods of Treatment. A Consideration of Sera and Vaccine. Recognition of Complications. |
| — 4 — | — 4 — |
| a) Appendicitis. A Consideration of the Problems Involved in the Increasing Death Rate from This Disease.
b) Differential Diagnosis of Diseases of the Breast. | Care of the Injured Person, Including the Recognition and Emergency Care of Fractures. |
| — 5 — | — 5 — |
| The Place of the X-Ray in the Diagnosis of Gastro-Intestinal Disease. | Ulcerative Lesions of Gastro-Intestinal Tract. Esophagus. Peptic Ulcer. Ulcerative Colitis. Newer Methods of Treatment. |
| — 6 — | — 6 — |
| a) The Basis for Allergy in Man.
b) The Diagnostic Criteria of Allergic Diseases and a Consideration of the Practical Specific Management. | a) Allergic Diseases. Sensitization Dermatitis. Contact Dermatitis. Urticaria.
b) The Common Skin Manifestations of Allergy. The Skin in Immunity and Allergy. |
| — 7 — | — 7 — |
| Fungus and Allied Infections of Skin. Tinea Infections. Trichophytids. Tinea versicolor. Erythrasma. Blastomycosis. Coccidioid Granuloma, etc. | Urinary Tract Obstructions: Urethral, Prostatic, Bladder Lesions, Ureteral Lesions, Symptoms, Diagnosis and Management. |
| — 8 — | — 8 — |
| Recognition and Management of Acute and Chronic Disease of the Ear. | The Diagnosis and Practical Management of the more Common Diseases and Injuries of the Eye. The Conjunctiva. Squint. Foreign Bodies. Glaucoma. |

The Committee felt quite strongly that our program should be intimately associated with a hospital in each center, and, further, that it was desirable to have members of the Advisory Committee act as chairman of the local committees wherever possible. Thus, Dr. J. B. Jackson would automatically become chairman in Kalamazoo; Dr. B. R. Corbus in Grand Rapids; Dr. W. H. Marshall in Flint, and in other centers the councilor of the district or the secretary of the local county medical society.

The attendance record in Traverse City-Cadillac-Manistee area was given careful consideration. It was decided to continue the program through the autumn of 1936, with the thought of centralizing the activities in one center, or possibly selecting other centers for next year.

The Committee is very much gratified with the universal approval of the men who have attended the programs. However, it was pointed out that too large a proportion of our membership is still not availing itself of these opportunities which are brought practically within reach of everyone.

Notwithstanding that the entire membership has received one or more personal communications concerning the date and content of these programs and that space is generously accorded for notices in the JOURNAL, many doctors claim that they have been uninformed about the program. It was therefore decided that in addition to personal communications and notices in the JOURNAL, further publicity would be given through the daily papers of each center. This is to be in the form of a request to the people in the various teaching areas to refrain from calling their physician during the five-hour weekly period, except in an emergency, in which case he may be reached promptly at a specified hospital.

It was further recommended that all socio-economic problems of medical practice be omitted from these programs, and that the teaching schedule be confined entirely to the scientific phases of medical practice.

Dr. C. C. Slemons informed the Committee that when he explained the details of the Michigan Postgraduate Program to the U. S. Public Health Service he had little difficulty in getting an appropriation of \$1,500 towards its support. The U. S. Public Health Service is especially interested in venereal disease, preventive practices in children, and in obstetrical teaching. It would wish these, together with all phases of preventive medicine, especially stressed.

The Committee recommends that a certificate of attendance be issued at the end of the review period. It does not know whether the field of general practice may be adequately covered in four or in five years, but it will not be less than four nor more than five. Further, it recommends that non-members of the Society be accorded the privilege of attending the courses, but that they not be given certificates.

Examination of the attendance record of the first year's program shows that the peak was reached on the 8th day, decreasing markedly after that. For the present it was felt advisable to continue the eight-day program, as was done last year.

It is recommended that certification be on the basis of attendance upon at least five of the presentations.

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It was further recommended that the composite course in general medicine, given annually in Detroit, in which the eight-day extra-mural program is reviewed, be accepted for credit in lieu of the eight-day out-state course; further, that a comparable amount of postgraduate attendance, either in other courses given under these auspices or outside the state, also be acceptable for certificates.

The plan of assembling the lecture outlines and their publication in book form has proved very popular. Many practitioners who have not received these texts but have seen them have expressed a desire to purchase them. It has not been possible to accede to these requests, for only a few copies more than the number of registrations were published. This publication has been made possible through the generosity of the W. K. Kellogg Foundation, and it is planned to issue a volume for each succeeding program. Thus, in the four- or five-year course a small working library may be assembled which covers quite completely the field of general practice of the period. In the opinion of the Committee the presentation of these volumes should be subject to the same regulations as the granting of certificates of attendance.

The question was raised as to the possibility of including Jackson and Lansing in the postgraduate program, and the secretary was instructed to communicate with the county medical societies of these districts, with the view of giving whatever assistance we could until such time as centers could be established, should this be acceptable to the local organizations. Dr. Earl I. Carr of Lansing and Dr. Cecil Corley of Jackson met with the Chairman of the Committee and the Councilor of the 14th District. After a careful review of the conveniences to the practitioners of these areas which the establishment of centers at Lansing and Jackson would afford over our present arrangements, the Chairman of the Committee suggests that a center be established this year in Jackson and Lansing jointly, and that Thursday of each week be assigned to them alternately.

The Committee was especially pleased to welcome Dr. Raymond B. Allen, Dean of Wayne University School of Medicine, to the meeting on June 10. Dean Allen entered importantly into the discussion and expressed the wish to be as useful as possible in this program which has his very full approval. The Committee appreciates this fine offer of co-operation and suggests that Dean Allen be invited to membership on the Committee; and, further, that the Wayne University School of Medicine be invited to participate officially in future programs.

Respectfully submitted,

JAMES D. BRUCE, M.D., *Chairman*
C. T. EKLUND, M.D., *Secretary*

REPORT OF COMMITTEE ON MATERNAL HEALTH

We hereby submit to your honorable body a report of the activities and recommendations of the Committee on Maternal Health, which was appointed by President Penberthy to serve during the current year.

The objective of this committee is to suggest improvements in the standards of Maternal Health throughout the state. To this end several major projects have been initiated and several other aspects

of Obstetric practice have been investigated. The major work of the Committee for the year has been the planning, in conjunction with the United States Public Health Service, of a study of Obstetric practice as conducted in this state at the present time. Within a short time carefully prepared survey blanks will be submitted to physicians of the State who do Obstetrics. These blanks are so arranged that a study following their return should permit a significant evaluation of the quality of Obstetric practice.

So far as the Committee is informed no such study has been previously undertaken.

If the physicians throughout the State coöperate by carefully filling out these blanks and returning them promptly, information of great value should be obtained from them.

Another objective deals with the education of the public as to what constitutes efficient Obstetric care. The Committee has arranged for medical speakers to address lay groups on Maternal Health problems and already some addresses have been made. In this connection, a moving picture film on "Pre-natal Care" has been prepared under the supervision of the Committee, and this film will soon be released for presentation before lay audiences. The Committee also plans to prepare a moving picture film on Obstetrics for presentation before medical groups.

The Committee has investigated the lack of adequate clinical teaching material in Obstetrics at the University of Michigan Medical School and is deeply concerned over it. The Committee considers the situation to be serious and is unanimous in feeling that adequate and complete rectification should be made. To this end it is suggested that the Committee be authorized to work with Medical School officials in developing a plan for the augmentation of clinical material available for obstetrical teaching.

Close coöperation with the Department of Post Graduate Medicine and lay organizations has been attempted at all times. Because of a wide spread interest in contraception among the physicians of the State the Committee is striving to further disseminate information on this subject along ethical lines.

Enthusiasm and active interest has characterized all the Committee meetings. The Committee has had the coöperation of the President and the President-Elect of the Michigan Medical Society, the State Commissioner of Health, the Executive Committee of the Michigan State Medical Society, the University of Michigan, and the United States Public Health Service.

Respectfully, submitted,

ALEXANDER M. CAMPBELL, *Chairman*
HAROLD A. FURLONG
NORMAN F. MILLER
WARD F. SEELEY
HAROLD W. WILEY

REPORT OF PUBLIC RELATIONS COMMITTEE

The Public Relations Committee herewith respectfully makes its first report to the House of Delegates. This committee was appointed to coördinate and integrate the individual activities of the other committees of the Michigan State Medical Society;

also to be an initiating force to set up and stimulate necessary programs of the state and county societies and make certain lay contacts. This committee has collected, selected and disseminated the plans and accomplishments of progressive county medical societies for emulation by other societies whose needs are similar.

The Public Relations Committee has held nine meetings since its creation last October, with excellent attendance. During this period, which included a winter of very inclement weather, the committee members have made personal appearances and have visited seventy-seven of the eighty-three counties of Michigan. In addition, this committee issued four letters to presidents, secretaries, and chairman of public relations committees of all county medical societies giving important information.

Integration was the prime function of this committee. The mechanics of its integration system are best illustrated by the accompanying diagram. (See page 60.)

Projects

During the year, important projects for integration were referred to the Public Relations Committee from the various committees of the State Society by The Council and its Executive Committee. Briefly, these projects were as follows:

1. *The Filter System* to aid governmental agencies in a more efficient administration of the crippled and afflicted children laws. This has proven so successful in the state, because of the coöperation and active support of county medical societies, that

some local governments are applying the principle to the administration of the afflicted adult law. This satisfaction is further exemplified by the Governor's Executive Order of June 4, 1936, making the Filter System official; this Executive Order necessitated the adoption of uniform blanks for the Economic and Medical Filter Committees of the state, previously recommended by the Public Relations Committee. The contacts and negotiations required in every county in the establishment of the Filter System have resulted in a better understanding between county medical societies and governmental officials—a health trend. County medical societies are urged not to relinquish control of the medical filter.

2. *Information on "Socialization of Medicine."*—This was accomplished in two ways:

(a) Distribution by the Executive Office of the Michigan State Medical Society of packages, each containing 21 booklets, to 991 high schools and colleges, 246 to libraries, 167 to miscellaneous individuals and groups upon request, a total of 29,484 pieces of excellent literature supplied at no cost to the Michigan State Medical Society by the American Medical Association.

(b) The brochure of the Michigan State Medical Society entitled "Who Wants Socialized or State Medicine?" Six thousand copies of this publication were printed for distribution to the profession and the public.

3. *Bureau of Information and Speakers Bureau.*—

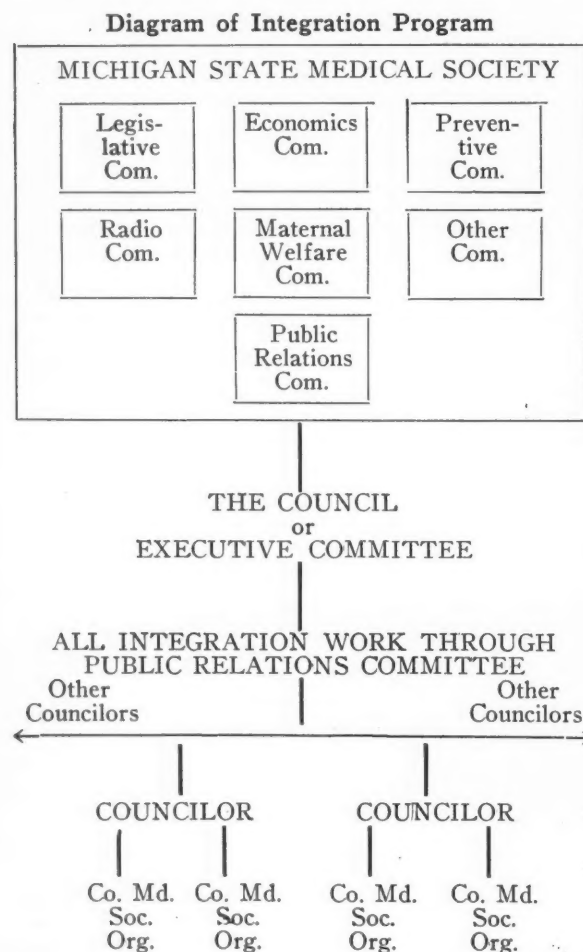
(a) The Bureau of Information, a new activity of the Michigan State Medical Society created during the last few months, will supply the public and the 425 newspapers of Michigan with articles and stories developed in the Executive Office approved by the particular initiating committee and by The Council or its Executive Committee. These releases will give the medical viewpoint or bias and will be designed to combat anti-medical propaganda and to further higher standards of public health.

(b) The speakers bureau is designed to provide individual communities with adequately prepared medical speakers to appear before lay groups, such as the parent-teacher associations, service clubs, women's clubs and the like. The success of the speakers bureau will be the responsibility of the county medical society.

4. *Closer Physician-Public Contact.*—Closer contact with the public is absolutely necessary for the physician and for the public. Definite plans are being worked out to increase the influence of the medical profession with laymen of the state. Each county medical society should participate and be the mentor of every proposed medical plan or policy within its jurisdiction.

5. *Legislative Integration.*—This committee reiterates the great need for individual county medical society activity in the work of medical legislation, especially in 1937. The county society can make or break a good state legislative program! This is the duty and obligation of the county public relations committee (and legislative committee), and if the State Society's Public Relations Committee, charged with the work of integration, can be of any assistance, it is ready upon call.

6. *Distribution of Medical Care.*—This is a vital problem, and its solution especially with regard to the borderline group representing twenty per cent of



medical practice must come from the medical profession or it will be attempted by outside and unfriendly groups of selfish individuals, with bad results to the profession and to the people. The Public Relations Committee encourages the principle of a postpayment plan for the borderline cases, to allow people in this group the opportunity independently to pay their own way. Faced with any emergency, the average American merely requires the privilege of time payments.

7. Public Health Projects.—

(a) *County Health Units*, as educational and administrative—not practicing units—were recommended by the Preventive Medicine Committee; the Public Relations Committee was requested to draft a list of regulations or conditions-precedent which county medical societies might present to proper authorities before they approved the installation of county health units. This was done and integrated through a Public Relations Committee letter.

(b) *Maternal and Child Health Work in Michigan under Social Security Act*.—Certain recommendations for this important activity in Michigan, which involves approximately \$89,000.00 per annum, were drafted and agreed to by the Michigan Department of Health. The program is being integrated in certain counties on the basis of this agreement.

(c) *Department of Tuberculosis in State Department of Health*.—Approximately \$4,500,000.00 is being spent annually in Michigan by government for the tuberculous, and an even greater amount is necessary to control and eventually reduce tuberculosis to a minimum. A tuberculosis division in the State Department of Health appears necessary, and the Public Relations Committee approves in principle the projected incorporation of such a tuberculosis control service, to be conducted with the cooperation of the Michigan State Department of Health, the Michigan Tuberculosis Association, the State Sanatorium Commission, the Preventive Medicine Committee and the Public Relations Committee of the Michigan State Medical Society, all allied agencies to urge the Legislature to provide adequate funds to carry on this work.

8. *Medical Supplement in Newspapers*.—This undertaking of certain county medical societies in other states has been productive of excellent results. A supplement or section of the city or county newspaper is devoted annually to the presentation of the history, progress, aims and purposes of Medicine and its organization. Such cooperation with the publishers in every community of this state—the men who mould public opinion—will be conducive of unbelievably good results for the individual practitioner, for the profession as a whole, and for the public.

9. *Radio Activity*.—The Radio Committee and the Joint Committee on Public Health Education have asked the Public Relations Committee to integrate medical programs over ten radio stations in Michigan. This project will require the very active work of medical societies and individual practitioners of medicine in the counties where radio stations exist. The educational force of the radio must be counted as a prime function in the program of the modern county and state medical society.

Allegiance to Medical Society

The work of the Public Relations Committee was varied in scope and generous in amount. It was accomplished only through extraordinary interest

and self-sacrificing cooperation on the part of the officers, members of The Council, and individual members of the Michigan State Medical Society. Hard work by the Executive Secretary and his office personnel materially aided this committee's work. The Public Relations Committee extends grateful thanks to all who helped.

"Organize the profession to think and to act" was the slogan given the members of this committee at its first meeting by President Grover C. Penberthy. We have worked with this in mind. We have learned that with unity in the profession, it can accomplish anything that is good for the people and for the profession. Primary allegiance to the county and to the state medical society is the keystone of success.

Recommendations

As a result of its experience during the past year, the Public Relations Committee respectfully submits the following recommendations for the consideration of the House of Delegates:

1. Continue the Public Relations Committee, and change its status to a standing committee by an amendment to the By-laws of the Michigan State Medical Society.

2. Inaugurate intensive legislative activity *at once* in every county medical society through its appropriate committee, and urge that the program be sustained, in the interest of self-preservation.

3. Encourage the immediate establishment of a Speakers Bureau by every county medical society to bring physicians into closer touch with organized groups.

4. Approve the development of plans by this committee for better physician-public contact.

5. Urge each county medical society promptly to study the Distribution of Medical Care, with special attention to the borderline group, bearing in mind the local conditions and peculiar needs of every county; the results of these studies should be submitted to the Michigan State Medical Society to crystalize and integrate throughout the state.

6. Foster greater interest on the part of every physician in the field of preventive medicine and in public health activity, especially in view of the implications of the Social Security Act.

7. Give impetus to the plan of an annual medical supplement in at least one newspaper in every county, the first edition to be projected at the earliest possible date.

8. Institute an official visit *annually* to each county medical society by one or more officers, councilors, and committeemen of the Michigan State Medical Society, such a meeting to be known as "Michigan State Society Night."

9. Authorize a study of councilor districts and county society jurisdictions, to determine whether more practical divisions should be made in the light of population changes and the ease of modern transportation.

10. Arouse the membership, through the county medical societies, to the fact that a definite trend on the part of the professional sociologists, politicians, corporations, and hospitals, is existent to

tear down the independence of the practice of practitioners of medicine.

Respectfully submitted,

L. FERNALD FOSTER, M.D., *Chairman*
F. T. ANDREWS, M.D.
E. I. CARR, M.D.
R. H. HOLMES, M.D.
F. B. MINER, M.D.
P. A. RILEY, M.D.
J. J. WALCH, M.D.
A. V. WENGER, M.D.

REPORT OF SPECIAL CONTACT COMMITTEE TO GOVERNMENTAL AGENCIES

The Special Contact Committee to Governmental Agencies, a new committee this year, has proven its value to the profession, to government, and to the public.

PROJECTS

1. Crippled-afflicted Child Laws.—The major project presented to this group was the afflicted-crippled child problem. This was so acute last October that the State officials invited the Michigan State Medical Society (its Executive Committee of the Council) and the Michigan Association of Probate Judges to find a solution. The Filter System was the outcome.

The question of procuring reasonable fees for medical and surgical services supplied to crippled and afflicted children, as provided by the two State laws, was referred to the Special Contact Committee. A subcommittee (Drs. Penberthy, Perry, Cook, Cummings, Foster and Insley) made a number of visits to the Capitol to confer with the Governor, with the Michigan Crippled Children Commission, and with the Finance Committee of the State Administrative Board, individually and collectively. Out of these discussions came the reinstatement of Schedules A, B, C, and D by the Crippled Children Commission, on March 17, 1936, the Governor's Executive Order of June 4, making the Filter System official and requiring as part of the application for tax-supported medical care an affidavit re economic status, and finally the approval of the fee schedules by the Governor and the State Administrative Board on July 21, 1936, effective as of July 1, 1936. All these negotiations were made with the continuous advice and consent of the Executive Committee of the Council.

The Public Relations Committee, meanwhile had integrated the Filter System in every one of the eighty-three counties, resulting in splendid contacts and fine cooperation between physicians, probate judges, and other county officials throughout the state—a healthful activity and an encouraging sign.

The medical profession now has a great responsibility in this matter. It recommended an experiment which is being tried. If it fails, all the hard and sustained work of your State Society will be for naught and the profession's ability and standing will be discredited. Every physician in the state must endeavor to keep the afflicted child load to a minimum consistent with proper medical care to the worthy who need it. Success or failure of this medical program depends upon the individual practitioner.

2. SERA Medical Care.—Your Committee discussed this subject and studied efforts of various county and state medical societies to devise plans to provide medical care to unemployed and employed on relief and WPA. A subcommittee (Drs. Penberthy, Cook, Ekelund, Foster and Gruber) contacted the SERA Administrator in Lansing on two occasions to discuss the essential features of certain successful programs already in operation, and to stress the necessity of a medical advisor to act as coordinator of state-wide ERA medical activities.

3. WPA Medical Care.—In January, 1936, contact was made with the State WPA Director in Detroit for a discussion of two items: The system of examining WPA workers to ascertain ability to carry on prescribed work, and the question of supplemental medical care for WPA workers. The matter of physical examinations of WPA applicants was left entirely to the district director, and the Committee found that no federal funds were available for this medical work; also that the federal government did not provide supplemental care for those on WPA.

The Committee, therefore, advised that each physician in the state deal with each WPA worker as his private patient, making such financial arrangements as would seem justified. Only in this way will the patient-physician relationship be maintained and work to the advantage of the practitioner as these workers are absorbed in private industry. Your Committee recommended that no plan to care for WPA workers in a group or groups be accepted by a county medical society.

CONCLUSIONS

Your Special Contact Committee to Governmental Agencies feels that good ground work has been developed during the past year. Certain state and many county officials have a better knowledge of medical work and problems due to contacts made during this period. They realize a professional viewpoint in medical matters exists, and they now know where to seek it, and do seek it to help ease their own burdens. On the other hand, the medical profession—state-wide and on the part of the fifty-three county medical societies—has learned the importance of contacting governmental people and considering matters of mutual concern. The interests of the patient, our chief concern, are enhanced because of this necessary and important contact work.

RECOMMENDATIONS

Your Special Contact Committee to Governmental Agencies respectfully recommends to the House of Delegates of the Michigan State Medical Society:

1. That a "Governmental Contact Committee" be made a standing committee of the Michigan State Medical Society, and be composed of not more than five members (as a small unit is best suited for the particular work of this group) each to serve a three-year term with appointments staggered.

2. That every county medical society be encouraged to sustain and enlarge the important contact work already inaugurated and being done, so that officials of government may seek advice and guidance in medical matters from those who are technically trained and experienced to give it—the physicians, through their county medical society.

3. That the House of Delegates of the Michigan State Medical Society recommend to the SERA

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that a medical advisor be employed to coördinate the ERA medical activities of the State, and that the Michigan State Medical Society offer its help to obtain the best doctor of medicine available for this work.

Respectfully submitted,

HENRY COOK, M.D., *Chairman*.
B. R. CORBUS, M.D.
H. H. CUMMINGS, M.D.
L. FERNALD FOSTER, M.D.
T. K. GRUBER, M.D.
C. R. KEYPORT, M.D.
GROVER C. PENBERTHY, M.D.
R. H. PINO, M.D.

REPORT OF THE COMMITTEE ON MENTAL HYGIENE

The Committee, at the outset, takes this opportunity to express its very deep regret with respect to the death of its first chairman, Dr. Albert M. Barrett, on April 2. This, naturally, was a serious loss to the Committee, depriving it of valuable leadership relative to the direction and organizing of its activities.

However, it has been possible for it to attain a certain orientation as to its work and, tentatively, to formulate objectives as to constructive function.

There is no question that need for greater and more adequate facilities for the hospitalization of patients suffering from mental disorders, is an extremely urgent and pressing one. This is a question, too, relative to which the medical profession has a definite and primary responsibility. Furthermore, in the solution of this problem it must, as a profession, vigorously and intelligently participate with other community groups and forces, if such solution is to be an effective and expedite one.

Likewise, the even larger importance of the extra-institutional aspect of psychiatry, that is the significance of psychological and emotional disturbances for the general practice of medicine, must be in greater degree appreciated by the profession, and in terms enabling adequate procedure and handling. Without such understanding, medical practice finds itself handicapped and unable to do justice to its fundamental responsibility, the optimal and complete treatment of the patient, and from the standpoint of all of his levels of function and expression, not merely the technically somatic.

The promotion of such understanding and interest along these lines, could be greatly facilitated by an adequate and practical educational program. In this connection, the Committee suggests enlistment of the resources of existing agencies, as the Department of Post Graduate Medical Education of the University of Michigan. Also indicated, would be arrangement for special lectures and discussions before various groups, medical and otherwise, and by radio. Here, the Committee feels there would be fruitful opportunity for coöperation with the Joint Committee on Education and the Radio Committee of the State Medical Society. In this relation, incidentally, the Committee is now engaged in the preparation of a list of qualified speakers to serve in this way. In addition, it is felt much could be gained through constructive coöperation with the newly formed Michigan Society for Mental Hygiene.

Further, it is believed that it might prove desirable that the Committee take an active interest in the various mental hygiene projects which are be-

ing set up and established in the state. In this way the medical profession would have representation in concerns having definitely a medical aspect, and would be in a position to contribute, from its sphere of competence, to their constructive functionality.

Finally, considering the increasing importance of psychiatry in preparation for the practice of medicine, it is suggested that the State Board of Registration consider including in its examinations a question, or questions, pertaining to this field.

Respectfully submitted,

M. H. HOFFMAN
G. F. INCH
G. A. LUCE
WM. H. MARSHALL
T. RAPHAEL, *Chairman*

REPORT OF SPECIAL COMMITTEE ON INSURANCE EXAMINATION FEES

At the annual meeting of the House of Delegates in 1935, the following resolution was offered by Muskegon County:

"WHEREAS, The medical examination of applicants for life insurance is an important part of the work of practicing physician, and

"WHEREAS, The activities of certain insurance companies and societies have been to the direction of basing the fee for medical examination on the type and amount of insurance requested, and

"WHEREAS, This tends to lower the standard of practice, be it, therefore

"RESOLVED, That a committee of the House of Delegates be appointed with authority to rate the type and scope of each class of medical examination and publish such rating in the Michigan State Medical Journal for the information of the county society."

The Reference Committee on Resolutions referred it to the Committee on Economics and on May 27 at a meeting of the Economics Committee, the question was again discussed and a subcommittee composed of Drs. Holmes, Armstrong, Miller and Van Duzen was appointed to submit a report to the House of Delegates with a view toward publishing such a schedule in THE JOURNAL.

There are three questions which must be satisfactorily answered to justify regulation of fees.

First, will it benefit the doctor?

Second, will it benefit the patient?

Third, is it unfair to a third party, that is the insurance carrier?

The standard fee of \$5.00 has always been acceptable and is manifestly fair. An examination entails practically a complete use of the faculties and equipment of the physician and each requires approximately the same service for the same complete examination. Certain fraternal and bargain types of insurance companies have, however, through various forms of unfair pressure, sought to have this complete examination made at a considerable reduction in fee. The doctor is expected to use the same mature judgment and careful examination as in the standard policy.

The patient is not being properly protected for generally the type of insurance given by these concerns is poorer insurance. The doctor is tempted to give less time and thought in this type of case, and

consequently the patient is lulled into a sense of physical security which is unwarranted.

The legitimate standard insurance company is forced to compete with an unfair type of competition; consequently the only one who gains is this particular underwriter who is using the physician as a means for preying on the public.

Another unfair practice by some companies is sending the doctor out to make a life insurance examination in the home. Here again most leading companies agree that a fair examination cannot be made in the home, and realizing that it is too often done simply to force the examiner to aid the agent in selling the policy, we have established an additional charge of one dollar which is made to the patient when a home visit is necessitated.

Your committee recognizes the fact that there are certain local problems in each County but we feel that the following schedule of fees† (which is official in Muskegon County), may well serve as a guide for other Counties upon which they can base their schedule.

REPORT OF LIAISON COMMITTEE WITH HOSPITAL ASSOCIATION

The wisdom of the House of Delegates at its 1935 session in recommending the appointment of liaison committees with hospitals, the bar, et cetera, has been proven by the experience of the Liaison Committee with the Hospital Association. Problems of mutual interest are presented, discussed, and a satisfactory solution recommended; annoying misunderstandings which impede desired progress are threshed out frankly and fully, and the road is cleared of obstacles. Only by joint meetings of these various groups interested in the same matters with but a slight difference of viewpoint, only by getting their feet under one table, can harmonious relations exist and advancement and growth result.

Subjects Under Consideration

1. Group Hospitalization was the first item discussed by this Liaison Committee of the Michigan State Medical Society with a similar committee of the Michigan Hospital Association. After full consideration, this Committee recommended to the Legislative Committee and the Executive Committee of the Council, Michigan State Medical Society, that it offer the services of the Legislative Committee of the Michigan State Medical Society to collaborate with a corresponding committee of the Michigan Hospital Association in considering permissive legislation for a prepayment plan for hospital services, exclusive of medical care, and to report back to the corresponding organizations for the mutual approval or disapproval, before submission to the Legislature for possible enactment.

It must be understood that this action in no way obligates the Michigan State Medical Society to any views on the question of group hospital insurance; it is felt, however, that this is a problem for study and discussion, and points out the very urgent necessity of just such complimentary committees from the two organizations contacting each other to discuss their various problems.

2. The complaint of the roentgenologists relative to their status with regard to the afflicted-crippled laws' administration was discussed plainly and without reservation by the two liaison committees, with the result that the hospital representatives moved

that the fee for roentgenologists for the care of afflicted and crippled children be included in Schedule A, on the same basis as medical and surgical fees, for both ambulatory and hospital cases.

3. Anesthesia administration was discussed by committee which prepared a statement re nurse anesthetists.

4. Other items on the agenda of this Liaison Committee include emergency service by residents and internes; principle of postpayment plan for medical care of the borderline group; definition of the responsibility to the patient by the doctor and by the hospital; collaboration between hospital social service agencies, emergency relief and other welfare agencies; staff organization and so-called practice of medicine by hospitals or unauthorized practice of medicine by institutions and organizations.

Recommendations

Your Liaison Committee of the Michigan State Medical Society to the Michigan Hospital Association, recommends to the House of Delegates of the Michigan State Medical Society:

1. That this special committee be continued, not as to personnel but as to aims and objects.

2. That the Michigan State Medical Society give very special attention to the study of the so-called prepayment plan for hospital care to the end that the House of Delegates, the Council, and the President of the Society may be in a position to act intelligently on this matter.

3. That this special committee be urged to contact the like committee from the Hospital Association at more frequent intervals; that the problems mentioned above be discussed and recommendations made to the proper authority of the Michigan State Medical Society.

Respectfully submitted,

T. K. GRUBER, M.D., *Chairman*
K. B. BRUCKER, M.D., *Lansing*
H. S. COLLISI, M.D., *Grand Rapids*
G. J. CURRY, M.D., *Flint*
W. C. ELLET, M.D., *Benton Harbor*

REPORT OF LIAISON COMMITTEE WITH THE STATE BAR OF MICHIGAN

This Committee is in receipt of a request on the part of the State Bar of Michigan that there be appointed a committee of the Michigan State Medical Society, or a number of committees, to testify in matters pertaining to malpractice cases upon the request of a court or either party to the litigation.

It was moved, seconded and duly carried that a subcommittee of this Committee be appointed to draft a resolution to be presented at the next meeting of this Committee to be held on the evening of September 20, 1936, in Detroit, embodying the ideas discussed at this meeting.

It was moved, seconded and duly carried that this Committee recommend to the Michigan State Medical Society that a committee of the Society be appointed to study and report upon the feasibility of the integration of the medical profession similar to that of the State Bar of Michigan.

There was a discussion of a joint meeting by the Michigan State Medical Society and the State Bar of Michigan. It was decided that this should not be held during the coming year, but that efforts should be made to hold such a meeting in the

†To be reported to House of Delegates.

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following year, probably at the Annual Meeting of either one of the societies.

Respectfully submitted,

A. F. JENNINGS, M.D., *Chairman*
CHAS. S. KENNEDY, M.D.
C. W. BRAINARD, M.D.
R. H. DENHAM, M.D.

REPORT OF ADVISORY COMMITTEE TO THE WOMEN'S AUXILIARY

As chairman of the Advisory Committee to the Women's Auxiliary of the Michigan State Medical Society, I wish to submit a report that the members of the committee, at various times through the year have advised the ladies of the auxiliary on all occasions when such advice has been solicited or when we felt, at any time, that special information coming to us might be of value in the conduct of its program.

We have been in a position to appreciate the work and we realize the contribution the Women's Auxiliary is making to the practice of medicine.

The committee recommends continued support of the Michigan Medical Society to this organization.

J. M. ROBB, M.D., *Chairman.*

REPORT OF THE RADIO COMMITTEE

In view of the increased use of the radio as an educational medium, the Committee feels that it can serve a useful purpose by cooperating with the Chairmen of the various Committees of the State Society, for the purpose of assisting them in arranging radio programs for educational purposes in the special fields represented by the committees. At the same time, with the increased use of the radio, there is an apparent need to coordinate existing programs to the end that they will be presented to the public in an orderly and continuous series.

With these problems in mind, the Committee invited the following persons to a meeting at Detroit, on May 7, 1936:

Michigan State Medical Society, Committee Chairmen
Cancer Committee.....O. A. Brines, M.D.
Preventive Medicine.....L. O. Geib, M.D.
Advisory Committee on P. G. M.....J. D. Bruce, M.D.
Mental Hygiene.....Theo. Raphael, M.D.
Goiter Committee of Pediatrics Section..C. M. Cowie, M.D.
Maternal Hygiene.....A. M. Campbell, M.D.
Michigan State Dental Society.....A. C. Thompson, D.D.S.
University of Michigan.....Mr. Waldo M. Abbot
Joint Committee on Public Health Education.....
.....B. W. Carey, M.D., and Mr. Clare Gates

At the meeting it was agreed that the Committee should:

1. Take an inventory of all broadcasting stations in the State, listing all programs on public health and medical subjects according to the organization sponsoring them.

(a) *Broadcasting Service Inventory.*—The Committee requested the Joint Committee on Public Health Education, through its field secretary, Mr. Clare Gates, to make a survey of radio stations. This survey is completed. The results from personal interviews with the radio stations were:

WWJ, Detroit:

Three regular scheduled weekly programs; Detroit Health Department, Wayne County Medical Society and the A.M.A. through the red network.

WJR, Detroit:

Occasional programs. No regular scheduled weekly programs.

Michigan Radio Network:

1. WXYZ, Detroit Key Station for Michigan Radio Network. Daily programs, by Detroit Health Department, mornings. Bi-weekly programs, Michigan Tuberculosis Association, evenings. Both go over the network. Would gladly cooperate in a coordinated program.
2. WELL, Battle Creek. Occasional programs from network. Cooperation excellent.
3. WFDF, Flint. No scheduled programs. Have sought cooperation from local Medical Society unsuccessfully. Cooperation excellent.
4. WIBM, Jackson. No programs last year. Would welcome opportunity to cooperate.
5. WJIM, Lansing. Occasional programs from network. Cooperation questionable for donated time.
6. WBCM, Bay City. Weekly programs during winter by Medical Society. Cooperation excellent.
7. WASH, WOOD, Grand Rapids. City Health Department weekly. Cooperation excellent.
8. WKZD, Kalamazoo. Weekly programs from City Health Department and County Tuberculosis Society. Cooperation excellent.

Independent Stations:

1. WKBZ, Muskegon. Weekly programs by County Medical Society. Sponsored by a local drug store.
2. WMPC, Lapeer. Occasional programs. Cooperation not known.

Results from letters:

1. WJMS, Ironwood. Weekly programs, County Tuberculosis Society. Have sought cooperation from County Medical Society unsuccessfully. Would like cooperation.
2. WHDF, Calumet. No programs. No comment on cooperation.
3. WBEO, Marquette. No reply.

This survey reveals that the profession is not making full use of an important method of reaching the public for informational purposes. And further, that the directors of radio stations are anxious and willing to cooperate in a well-coordinated program that takes into consideration the various interests in health education.

The Committee feels that the State Society should stimulate the use of the radio as a means of public education.

2. Start a library consisting of radio talks on various subjects that could be made available to those requesting such material.

(a) *Library of Radio Scripts.*—With the cooperation of the American Medical Association, a library now consisting of over six hundred broadcasts has been started. New scripts will be added as rapidly as possible. The Library of the Wayne County Medical Society is also at the disposal of the Society.

3. Provide a means for directors of radio programs on medical and health subjects to exchange their schedules in order to present a more orderly and continuous series of programs.

(a) *Exchange of Existing Programs.*—The directors of existing regularly scheduled programs have agreed to exchange programs for future broadcasts.

4. Develop a program that would bring about a better distribution, throughout the State, of this form of public education.

(a) *Program Development.*—A long range program is being considered to the end that all recognized groups, such as the various Committees of

the State Medical Society, the State Dental Society, the University of Michigan, and others interested in radio broadcasting as a part of the health education program, will be coöperating in such a manner that there will be an orderly series of broadcasts carefully prepared and using authentic material. The plans under consideration are:

For trial purposes a program consisting of a series of eighteen weekly broadcasts, November through February, 1937, will be inaugurated. Responsibility for the material of each program in the series would rest with the appropriate committees or organizations with special interests in the different subjects present.

Plan of Presentation

Plan I. Weekly broadcasts over the Michigan Radio Network, through WXYZ.

There are eight stations in this network. The remaining five out-state stations would give the same program through the County Medical Society.

Plan II. The program would be prepared the same as though given over the network. The presentation, however, would be through the coöperation of the County Medical Society in the locality of each out-state station.

The above contemplated program will not replace or interfere with the broadcasts given over other Detroit stations. The plan is for the purpose of aiding local medical societies in participating in an educational program in which they should take a definite part. At the same time the society would be making use of educational facilities in their locality that, for the most part, have not been used in the past.

5. Evolve a plan for announcing future broadcasts in local newspapers.

(a) *Future Broadcasting Publicity.*—A program is being worked out that will serve to publicize future broadcasts on health subjects through local newspapers and weekly publications or bulletins.

It is readily recognized that this is a long range program, the details of which can only be worked out through a period of experience. The success of the program naturally depends upon the continued coöperation of those persons interested in this form of public education.

FRED H. COLE, M.D., *Chairman*
K. H. LOWE, M.D., *Battle Creek, Michigan*
JOHN SUNDWALL, M.D., *Ann Arbor, Michigan*

REPORT OF THE SPECIAL COMMITTEE TO SURVEY THE MEDICO-LEGAL DEFENSE FUND

At the session of the House of Delegates of the Michigan State Medical Society, held September 23, 1935, the following resolution was introduced:

WHEREAS, there is now assessed against each member of the Michigan State Medical Society an annual medical-legal fee of about two dollars, and

WHEREAS, it has been definitely established that a fixed majority of the members of the Michigan State Medical Society carry malpractice insurance policies with commercial insurance companies, and

WHEREAS, there seems to be urgent need for available funds for other more important functions of the Michigan State Medical Society, therefore, be it

RESOLVED, that all, or part of the Medical Legal assessments be diverted to other uses of the Michigan State Medical Society, and that the activities of the Medico-Legal Committee be correspondingly curtailed.

This was referred to the Reference Committee on Resolutions. This resolution was reported on favorably by the Reference Committee with the recommendation of the appointment of a committee to study the question. The report was approved by the House of Delegates and your committee was appointed by Speaker Reeder.

It was the understanding of the committee that the primary question was whether the Medico-Legal Defense Fund should be continued in its present form, whether it should be discontinued, or whether it should be retained in a modified form. We felt that this question should be attacked from several angles.

Six Angles

1. Is the existence of the Medico-Legal Defense Fund necessary to the majority of the members?

2. What is the value of the Medico-Legal Defense Fund to the Society as a whole?

3. Have the Society members received service commensurate with the amounts expended for this fund from the annual dues?

4. Are there any features of the Medico-Legal Defense Fund which are deleterious to the best interests of the medical profession?

5. Are we legally obligated to continue to furnish protection in the future if the Medico-Legal Defense Fund is obligated?

6. Would it materially affect the rates of commercial malpractice insurance companies if this fund was discontinued?

Conclusions

1. We first attempted to secure information as to what percentage of our members carried some form of commercial malpractice insurance. We attempted to secure, from thirty different counties, such information as they could give us on this point. Some of the counties did not coöperate as fully as we wished, but we secured sufficient information to say that about 94 per cent of our members carry commercial malpractice insurance. Of the other 6 per cent, the great majority were either retired or partially retired physicians or were men whose work was exclusively institutional. This would seem to indicate that the great majority of our active members are protected without our carrying on the Medico-Legal Defense Fund.

2. We felt, that if this 6 per cent were left without any adequate protection, it might have a deleterious effect upon the 94 per cent who are protected. Many competent attorneys do not have proper training to adequately defend malpractice suits. Anytime that a malpractice suit is lost it is apt to be the forerunner of other suits and might consequently serve to raise the rates of commercial companies. It is certain that the coöperation of the profession is important in maintaining economic protection service. We believe that the education of the profession in medical-legal problems and in how to avoid malpractice suits has been one of the most important phases of the Committee's work and is of value to our entire membership.

3. We attempted to contact all physicians who had malpractice threats or suits, securing their names from the representative of the Medico-Legal Committee. We found that all but three of the men who answered our letter had other forms of malpractice insurance and in these cases their defense was financed by the insurance company, al-

though in a number of such cases they were represented by the same attorney as is retained by the Medico-Legal Defense Committee. In some cases they were not clear whether the attorney was engaged by the Fund or by the Insurance Company. The opinion as to the value of this fund varied. Those who had no other form of protection were naturally enthusiastic. Some gave most of the credit of their defense to the insurance companies and some were unable to evaluate the comparative amount of help they had received from the insurance company and from the Medico-Legal Committee. It should be understood that many of our members received advice from the Committee on problems that did not terminate in suits.

4. In regard to the fourth point as to whether any features of the Medico-Legal Defense Fund are deleterious to the best interests of the profession. It is undoubtedly true that, to some extent, the existence of such a fund reduces the value of the medical testimony of our members and we have judicial decisions that this point can be brought before the jury.

5. As to whether we are legally obliged to continue to furnish protection in the future, it is true that we would be morally and probably legally bound to protect against malpractice cases arising from the care of minors inasmuch as suit can be instituted in such cases two years after such minor becomes of age. We have, however, an ample reserve fund which could be used for such purposes.

6. It was rather difficult to secure adequate information as to the effect upon commercial malpractice insurance rates of discontinuing the Medico-Legal Defense Fund. Correspondence with these companies was rather unsatisfactory. The American Medical Association had no information of value since 1927. We corresponded with all of the State Societies and it would seem that the rates are somewhat higher in States which have no Medico-Legal Defense Fund. This finding is not conclusive evidence as we find that the rates vary rather widely in different States, depending apparently upon the experience of these commercial companies in different areas. In at least one State we found that there were different rates for metropolitan and rural areas. It seems, however, that it might be reasonable to expect that there would be some increase in rates. As we stated before, any malpractice which is lost is always a potential focus for other suits and there is always the danger that some of our unprotected members would be unable to secure adequate defense, thereby encouraging unscrupulous members of the legal profession to agitate such suits.

7. The last report of the Medico-Legal Defense Fund was that at the present time there is a balance of \$15,413.24 in this fund. We do not feel that the fees paid attorneys of this fund have, in the past, been excessive, but do feel that up to this year a rather unnecessarily large amount has been taken out of each member's dues of the fund. It has been higher than other states are appropriating. Many states do not have a fixed amount ear-marked, but appropriate what is necessary out of the general fund. In some states the balance in the Fund is not allowed to go beyond a stated amount. We believe that if certain checks are placed on the use of this fund and if it is handled in the most economical way it would serve our membership as well, or better than in the past and yet make available more money for other uses of the Society.

Recommendations

From our study, we would recommend:

1. That the Fund continue, but that in the future its functions be to a much greater extent, educational and advisory.

2. That no defense in court should be carried out without consent of the Executive Committee of the Council.

3. That no fee shall be paid to the attorney of this fund in cases which are defended by commercial companies.

4. That in the future no more than fifty cents per member per annum be apportioned from the State dues for this fund.

5. That as soon as is practical, the work now carried on by the Secretary of the Medico-Legal Committee be transferred to the Executive office of the Michigan State Medical Society in Lansing. This, we believe, will be more economical and will carry out the idea that all Society activities be integrated through the Executive Office of the State Society.

6. That an attempt be made to integrate the work of the Medico-Legal Committee and the Ethics Committee of both State and County Societies, as we feel this would serve to keep down the number of malpractice suits.

7. We found in our study that many of our members have a rather vague understanding of the functions and purposes as well as the limitations of our Medico-Legal Defense Fund. We recommend that this should be clarified to the members as a whole and that all of our members be urged to carry commercial protection in addition to the aid furnished by the State Society.

I. W. GREENE, *Chairman*
R. H. HOLMES
DEAN HART
F. T. ANDREWS
W. R. TORGERSON

A SUMMARY OF PROCEEDINGS OF THE HOUSE OF DELEGATES

Seventieth annual session of the Michigan State Medical Society held at Sault Ste. Marie, September 23 and 24, 1935.

1. Voted on motion of the Reference Committee on Report of the Council that there be appointed a standing committee of the House of Delegates whose duty it shall be to review the transactions of each meeting as recorded in the JOURNAL from time to time in order that it may bring to the House of Delegates a report commensurate with the importance of the continuing activities of the Council during the entire year (723*).

2. Recommended that the Council investigate the possibilities for good that would result if each county organization retained at its own expense a legal adviser (724*).

3. Voted that the Legislative Committee of the Michigan State Medical Society should re-introduce a barbituric acid bill into the next session of the Legislature instead of having it sponsored by the State Commissioner of Health (724*).

*Page numbers refer to pages in the November, 1935, issue of *The Journal of the Michigan State Medical Society*.

4. Instructed the Council to find out and have a brochure printed, telling the various members what the laws of Michigan are in regard to the practice of medicine (726*).

5. Accepted and adopted with thanks the report of the Cancer Committee; the Preventive Medicine Committee; recorded with thanks the report of the Maternal Health Committee; report of Delegates to the American Medical Association; Auxiliary Advisory Committee; Radio Committee (727-728*).

(In the course of the deliberations the Speaker made the following ruling: "THE SPEAKER: ----- on the reports which you do not want adopted, if you make no motion with reference to them, they are then a part of the records of the Society without action and the Chair would recommend that you use both words, 'accept' and 'adopt' on the others.")

6. Accepted and adopted the eight recommendations of the Legislative Committees as follows:

First: That the legislative program of the Michigan State Medical Society should be a continuing program, year in and year out. The legislative bills to be proposed should be drawn up and submitted to the Council for approval during the non-legislative year.

Second: Every county and district medical society should be stimulated to develop satisfactory and active legislative committees whose legislative policies are definitely established and unified throughout the state, namely, contacting legislators and keeping a closer relationship with public officials.

Third: The chairman of the Legislative Committee of the State Society should keep the chairmen of the Legislative Committees of each county and district medical society informed concerning any legislation relating to medicine that is contemplated or in the process of passage. The local chairman should, in turn, pass work along to members of his committee. Each member of the Senate and House of Representatives in the particular county or district should be covered by at least one physician, preferably the family physician. The key-man should contact the legislator frequently, become his friend, and give advice on legislation relative to medical practice in advance of the bi-annual election. All candidates for offices which touch the practice of medicine should be contacted and given the right viewpoint, and the records of all such contacts and viewpoints of each legislator should be kept on file with the executive secretary of the State Society.

Fourth: An executive secretary should be on the job, permanently in Lansing, to coordinate all these activities and institute new programs. He should be assisted by a legislative observer appointed by the Legislative Committee and approved by the Council. The work of the legislative observer shall be arranged by the Legislative Committee with the cooperation of the executive secretary of the Michigan State Medical Society.

Fifth: That we propose that the dues of the Michigan State Medical Society be raised \$1.50 a year, to its Constitutional limit for educational purposes, this percentage of the total dues to be allotted to carry out the program as stated in Number Four.

Sixth: The Legislative Committee of the State Society should consist of seven members instead of five as at present. Five members should be appointed as at the present time for a period of two years, the sixth member should be the president-elect of the State Medical Society and the seventh member should be the Chairman of the Council.

Seventh: We endorse a Michigan Health Council or Allied Health Group which should be formed of representatives of the organizations of physicians, dentists, nurses, and pharmacists, working co-operatively in health legislation and representatives of the organizations of teachers, lawyers, and social workers. Your Reference Committee recommend that the President of the Michigan State Medical Society be empowered to develop such a Health Council in this State. This Health Council should be an integral organization throughout every county and district.

Eighth: We respectfully recommend that the Legislative Committee of the State Society give due consideration to and prepare a report to the House of Delegates and the Council on the following problems at the next annual meeting:

- (a) the integration of medicine;
- (b) the unauthorized practice of medicine;
- (c) the Basic Science Laws;
- (d) the revision of the Medical Practice Act (729*).

7. Requested the Council to appoint a committee who are to immediately contact the Michigan Crippled Children Commission, the Administrative Board and other interested agencies and present our demands for consideration of an adequate fee schedule and that they be empowered to institute such court proceedings as may be necessary to clarify the intent of the present laws governing the activities of the Michigan Crippled Children Commission.

Adopted amendment to the above, defining "adequate fee schedule" as 50 per cent of the normal average fees (731*).

8. Concurred in the report of the sub-committee on the FERA survey of relief medicine, in that

(1) The administration of medical welfare relief should be in the hands of a special relief organization such as a state welfare department.

(2) Medical relief should be administered by a qualified medical director and in such a manner as not in any way to infringe upon the personal physician-patient relationship.

(3) Fees for special services to be determined by collaboration between state and county medical society representatives (732*).

9. Accepted and adopted the recommendation "that a committee such as the present Advisory Committee on Postgraduate Medical Education be appointed by the Council and be made a permanent standing committee empowered to make such rules and regulations as are required for the granting of certificates of attendance and of such degrees of proficiency as are decided upon" (732*).

10. It provided for a section on Radiology of the Scientific Assembly (733*).

11. It officially granted the Grand Traverse-Leelanau Medical Society to permit territorial inclusion of the physicians of Benzie County and to change the name of that society to the Grand Traverse-Leelanau-Benzie County Medical Society (733*).

12. Established Eaton County as a component part of the Second Councilor District, associated with Ingham, Jackson and Hillsdale Counties (733-734*).

13. Amended Chapter 6, Section 2 of the By-laws to provide for a seven-man committee on Legislation, comprising the President-elect, the Chairman of the Council and five members to be appointed by the President with the approval of the Council, for the term of two years, excepting the first year, when the President shall appoint three men for two years and one man for one year (734*).

(Continued on Page 626)

WOMAN'S AUXILIARY

Mrs. A. M. GIDDINGS, President, 22 Riverview Ave., Battle Creek
Mrs. KENNETH LOWE, Secretary-Treasurer, 107 Elizabeth St., Battle Creek
Mrs. L. C. HARVIE, Press Chairman, 341 Brockway Place, Saginaw

STATE MEETING

THE Woman's Auxiliary to the Wayne County Medical Society anticipate with pleasure the meeting of the Michigan State Medical Society in Detroit, September 21-24.

Mrs. Roger V. Walker, president of the local Auxiliary, will serve as general chairman and has appointed the following committee chairmen:

Entertainment, Mrs. Harry W. Plaggemeyer; Hobby Exhibit, Mrs. Milton D. Vokes; Publicity, Mrs. Frank W. Hartman; Transportation, Mrs. Audrey O. Brown; Registration, Mrs. Hugo A. Freund.

The committees have worked diligently during the summer and happily announce the program as follows:

- Mon., Sept. 21 Registration, Book-Cadillac Hotel
- Tues., Sept. 22 8:30 A.M. Pre-Convention Board Meeting, Breakfast, Book-Cadillac
10:30 A.M. Annual Meeting, Founders' Room, Book-Cadillac
(County Presidents to read reports at this meeting.)
1:00 P.M. Annual Luncheon, Book-Cadillac
6:30 P.M. Dinner-Bridge, Women's City Club
- Wed., Sept. 23 8:00 A.M. Post-Convention Board. Mrs. A. V. Wenger, Presiding
Book-Cadillac, Room to be announced
9:30 A. M., Visit Mr. Henry Ford's Greenfield Village
1:00 P.M. Luncheon, Dearborn Inn
- Thurs., Sept. 21-24, Hobby Exhibit, Parlor C, 4th floor Book-Cadillac Hotel

Members of the Auxiliary State Board expected in Detroit during the meeting include the President, Mrs. A. M. Giddings, Battle Creek; President-Elect, Mrs. A. V. Wenger, Grand Rapids; Vice-President, Mrs. J. A. McLandress, Saginaw; Secy.-Treas., Mrs. Kenneth Lowe, Battle Creek; Past President, Mrs. F. T. Andrews, Kalamazoo; Program, Mrs. G. C. Hicks, Jackson; Public Relations, Mrs. Ledru O. Geib, Detroit; Press, Mrs. L. C. Harvie, Saginaw; Organization, Mrs. J. A. McLandress, Saginaw; Legislation, Mrs. L. G. Christian, Lansing; Revision, Mrs. J. H. Dempster, Detroit; Hygeia Chairman, Mrs. Carl Snapp, Grand Rapids; Historian, Mrs. J. Earl McIntyre, Lansing.

Also members of the Advisory Council, including, Chairman, Dr. J. M. Robb, Detroit, Dr. F. T. Andrews, Kalamazoo, Dr. G. H. Yeo, Grand Rapids.

Members of the Medical Society and their families are cordially invited to participate in the Hobby Exhibit. The dead line for entries being Friday, September 18. Please contact the chairman promptly!

The wives, mothers, daughters and sisters of visiting and local doctors are expected to enjoy the program whether or not they are members of the Auxiliary. New members will be welcomed during the meeting.

(Mrs. Frank W.) BLANCHE B. HARTMAN,
Press Chairman.

SEPTEMBER, 1936

HOBBY EXHIBITION WELL UNDER WAY

Each day brings in more exhibitions for the hobby show and by the time the annual meeting opens we may have to plan arrangements to hang some from the ceiling. Here are some of the exhibitors and some of the things which we think will be of interest.



MRS. A. M. GIDDINGS, State President,
Battle Creek, Michigan

One of the first entries to be received was that from the antique collection of Dr. A. O. Brown. This consists of antique "cup-plates," a purely American antique for none has been found elsewhere. Dr. Brown also has a collection of spectacles which he promises to show.

The second contributor was Dr. W. W. Kahn, who has been making a collection for some time of paintings done by Detroit artists. As this is a very large collection only about twenty can be shown. It has been exhibited in other parts of the country so we are happy to have it shown in its own city by its own collector.

Dr. Emil Amberg is interested in doing pencil sketches and will show several which he has done of physicians, nurses and patients. Dr. Lawrence A. Chrouh also does pen and ink drawings and some of those which he will show are entitled "The Grape Arbor," "Under Full Sail" and "The Lodge."

Dr. B. J. Sawichi collects American pottery and has a collection of rare Rockingham. We are anxious to see what this fine old ware is like. Flasks of great age are included in this collection.

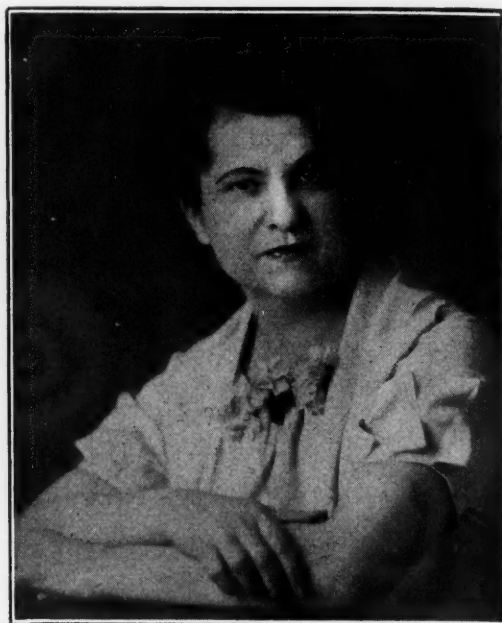
Many of the ladies are also collectors and an unusual display is promised which will include a complete section of a room, everything of the most aged antique. Some of the ladies do things other than collect. Mrs. James H. Dempster does oil paintings and promises to show some of her skill, as does Mrs. I. Mayer, who does water and oils. Mrs. Mayer also promises us the rare treat of seeing some of her beautiful tankards which she painted. Two of these, "Old Monk" and "Rembrandt" are masterpieces. Miss Ethel Cole has also entered two paintings, the titles to be sent in later.

Dr. A. M. Giddings of Battle Creek will exhibit

WOMAN'S AUXILIARY



MRS. GUY L. KIEFER, Honorary President,
Lansing, Michigan



MRS. A. V. WENGER, Vice President
Battle Creek, Michigan



MRS. J. A. MCLANDRESS, Vice President
Saginaw, Michigan



MRS. H. K. LOWE, Secretary-Treasurer
Battle Creek, Michigan

some of his Civil War books as well as his battle-field relics. Dr. Milton D. Vokes will show some of the relics which he has been collecting since he was a boy. These consist of arrow-heads, weapons, pipes and other Indian relics.

Dr. W. B. Cooksey has an unusual hand-made leather cane which everyone will be interested in seeing.

Dr. Clarence E. Maguire has promised to exhibit his collection of beautiful Chinese relics, among which is an Emperor's coat, a princess' coat, cloisonné vases, box and trays, hand-woven and embroidered panels and an interesting religious prayer rug.

The only Junior who offers to contribute to date

is Allan Giddings, who has a ship model which he wants the other doctors' sons to look over. We wonder what all those other sons have to show and why they don't send in their entries. Not only are doctors invited to exhibit but their wives and children are being given a special invitation.

Dr. George M. Livingston is glad to "show off" his class books, which cover a period of almost forty years. These are five in number, the first ones were very unpretentious but the last ones, to use Dr. Livingston's expression, are "pretty nifty." Another is now in the press but probably will be available by September, when we hope to see the "most nifty."

WOMAN'S AUXILIARY



MRS. L. G. CHRISTIAN, Chairman of the Legislation Committee, Lansing, Michigan

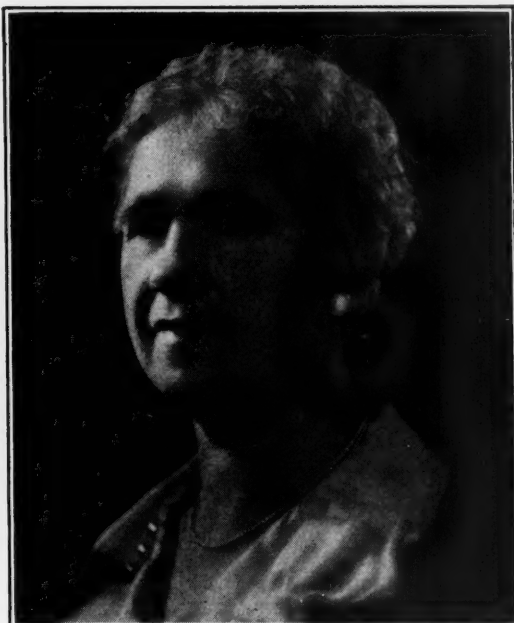


Photo by C. M. Hayes & Co., Detroit
MRS. J. H. DEMPSTER, Chairman of the Revision Committee, Detroit, Michigan



MRS. G. C. HICKS, Chairman of the Program Committee, Jackson, Michigan



MRS. L. GEIB, Chairman of Public Relations Committee, Detroit, Michigan

We hear of everything imaginable being done by the profession. One doctor raises prize pumpkins, another has made holes in one too numerous to mention, but who has heard of the doctor who invents and manufactures? A big surprise is in store for surgeons when they see the invention which Dr. Clarence Baker has designed and manufactured. This, we are told, gives marvelous concentrated light and has an everlasting bulb.

Two ceramists are on the list and both are the wives of doctors. Mrs. Donald Drummond promises several pieces of her own creation. Mrs. Milton D. Vokes will also show pottery and figures which she has modeled. Mrs. Vokes makes her pieces,

glazes and fires them in her own kilns.

Dr. W. R. Chynoweth of Battle Creek will exhibit oil paintings and charcoal drawings.

Dr. Wayne A. Geib will exhibit an Insect Collection.

Mrs. Wm. Klein will exhibit Water Color and Oil Paintings.

Mrs. Frederick T. Munson will exhibit One Printed Linen Campaign Poster used in Ireland during the Repeal of Corn Act.

Mrs. Fred K. Munson will exhibit a collection of old books (six).

Mrs. C. S. Kloeppel will exhibit a collection of antique quilts.

The "Hobby Exhibition" is to be held at the Book-Cadillac Hotel in conjunction with the Michigan State Medical Convention, which will be held in Detroit September 21 to 24, inclusive. Entries are open until September 10, 1936. Those who decide to enter an exhibit are asked to fill in the form or to notify Mrs. Milton D. Vokes, 444 East Grand Boulevard, Detroit, Michigan.

The members who are on this committee are:

Chairman, Mrs. Milton D. Vokes; Co-chairman, Mrs. Ignatz Mayer; Mrs. Henry Dunlap, Mrs. Jack Agins, Mrs. Lowell Bush, Mrs. James H. Dempster, Mrs. J. J. Drake, Mrs. George L. Waldbott, Mrs. John W. Gordon, Mrs. Harlod F. Sawyer, Mrs. Alexander Cruikshank, Mrs. Harold J. Hammond, Miss Elsa Chene, Mrs. Robert Beattie, Mrs. Basil Connelly, Mrs. S. P. L'Esperance, Mrs. Ray Dixon, Mrs. Clarence E. Maguire, Mrs. Frederick T. Munson, Mrs. Clifford B. Loranger, Mrs. Milton A. Darling, Mrs. Frederick Hansen, Mrs. R. L. Novy, Mrs. Clarence Owen, and Mrs. C. D. Eaton.

Articles are to be in by September 18, 1936. These are to be sent to: "Hobby Exhibition," Michigan State Medical Convention, Washington Room, Book-Cadillac Hotel, Detroit, Michigan, care of John F. Ivory Co.

An invitation is extended to you to place on exhibition any work which you are interested in doing or collecting—sculpture, painting, woodwork, patch quilts, stamps, books, embroideries, metal work, glass, photography or any other hobby.

Your support is asked in this unusual undertaking. The committee plan to have a printed booklet which will contain the names and addresses, as well as the exhibitions of all interested parties. Therefore, you are urged to get your entry registered by September 10, 1936.

Heating of Human Tissues by Short Wave Diathermy

John S. Coulter and Howard A. Carter, Chicago (*Journal A.M.A.*, June 13, 1936), studied the heating efficacy of short wave diathermy in living human fat and muscle of the thigh, employing, first an electric field of 6, 12, 18 and 24 meter wavelength, using the cuff electrode technic; secondly, an electromagnetic field of 12, 18 and 24 meter wavelength, using the coil technic. There were no significant differences in the use of 6, 12, 18 and 24 meter wavelengths when using the cuff technic of the electric field method and no significant differences in the use of 12, 18 and 24 meter wavelengths when using the coil technic of the electromagnetic field method. A practical and social problem becoming more and more important is the interference of short wave diathermy energy with radio communications. Two remedies have been proposed: one is the allocation of a special wavelength band for therapeutic purposes, and the other is the proper screening of short wave diathermy machines and equipment. If, in subsequent investigations, a single frequency was found to be satisfactory for all treatments, the oscillators would have to be stabilized so that deviation of no more than a kilocycle from this assigned frequency would ever occur. Short wave diathermy machines would have to be manufactured with a frequency stability corresponding to a good radio transmitter. If the second remedy should be adopted, radio-frequency filters or wave traps would have to be inserted in the power leads to prevent reradiation of the high frequency energy back into the power mains, and the treatment room would have to be screened and grounded. Because of the ever increasing need for radio communication channels, it would seem that the method of screening and line filtering takes precedence over the allocation of a wave band for therapeutic purposes.

MICHIGAN'S DEPARTMENT OF HEALTH

C. C. SLEMONS, M.D., Dr.P.H., Commissioner
LANSING, MICHIGAN

Postgraduate Instruction in Obstetrics

The Bureau of Child Hygiene and Public Health Nursing, in cooperation with Dr. James D. Bruce, director of postgraduate medicine at the University of Michigan, has outlined the tentative schedule of courses in postgraduate instruction in obstetrics which will be offered to all doctors in the northern part of the Southern Peninsula beginning Monday, September 28.

Traverse City, Petoskey, Alpena and Grayling have been selected as the postgraduate centers. The proposed plan is to have an illustrated lecture in the evening followed the next morning by individual consultations if desired. This schedule will be followed each week for six weeks.

Dr. Alexander Campbell of Grand Rapids, chairman of the maternal health committee of the Michigan State Medical Society, will conduct the lectures. The topics which he has tentatively chosen include the following: (1) Maternal and Fetal Mortality, (2) Prenatal Care, (3) Toxemias of Pregnancy, (4) Conduct of Normal Labor, (5) Management of Complications of Labor, and (6) Postpartum Care. Additional topics and subtopics may be included before the final agenda is settled.

Tentative dates for the first sessions at the various centers are as follows:

Traverse City—Evening of September 28 and morning of September 29.

Petoskey—Evening of September 29 and morning of September 30.

Alpena—Evening of September 30 and morning of October 1.

Grayling—Evening of October 1 and morning of October 2.

These postgraduate courses in obstetrics for doctors are part of the Social Security program looking toward the improvement of maternal and child health in Michigan.

Advisory Committee Appointed

The director of the Bureau of Child Hygiene and Public Health Nursing met with the Michigan Branch of the American Academy of Pediatrics in Detroit, July 17, and discussed the scope of the Social Security program for maternal and child health as it is being developed in Michigan.

An advisory committee of three members was appointed to work with the director in the development of this program. Members of this committee include Dr. L. F. Foster of Bay City, Dr. Frederick B. Miner of Flint, and Dr. Rockwell M. Kempton of Saginaw.

Dr. Joseph H. Johnston of Detroit was named as a committee of one on postgraduate instruction in pediatrics under the Social Security program.

County Nursing Programs

The director of the Bureau of Child Hygiene and Public Health Nursing announced that a county-wide nursing service will be established in thirty-one Michigan counties as part of the Social Security program for the improvement of maternal and child health. Many of these counties have had no generalized public health nursing program in the past.

Medical societies in thirty-one out of thirty-two counties to which this service has been offered, have

MICHIGAN'S DEPARTMENT OF HEALTH

approved the program, and advisory committees are being appointed to aid in the development of the county programs. The general program is being carried out with the approval of the council of the State Medical Society.

The nursing service will emphasize health education for prospective mothers and children under school age. Women's classes, child care classes, prenatal nursing programs, maternal and infant welfare programs, the delivery of birth certificates, including a discussion of diets and general health problems of the family, and a series of prenatal and postnatal educational letters will be included in many of the county programs.

County programs already in operation include the following: St. Clair and Luce counties, prenatal nursing program; Kalamazoo, Lapeer, Muskegon, Gratiot, and Tuscola, maternal and child health nursing program; Mecosta, Osceola, and Marquette, women's classes; Huron and Sanilac, summer infant and maternal welfare program. The Clinton and Montcalm nursing programs will be taken over by the Bureau of Child Hygiene and Public Health Nursing, and Cass county is also in process of organization.

Other counties which have accepted the maternal and child health program include Bay, Arenac, Iosco, Gladwin, Berrien, Delta, Houghton, Baraga, Keweenaw, Alger, Lake, Antrim, Charlevoix, Emmett, Cheboygan, and St. Joseph.

Ten Principal Causes of Death in 1935

Organic heart disease again heads the list of ten principal causes of death in 1935, according to figures compiled by the Bureau of Records and Statistics. A three per cent increase in the toll of this disease was indicated with 9,578 deaths recorded last year compared to 9,275 the previous year.

Cancer remains in second position, causing 5,187 deaths in 1935, which is also a slight increase. Apoplexy is the third principal cause of death with 3,907 deaths recorded; pneumonia, fourth with 3,805 deaths; and nephritis, fifth with 2,974 deaths. These five causes occupy the same relative positions as in previous years.

Coronary disease and angina pectoris replace accidents, exclusive of automobile, as the sixth major cause of death, with 2,352 deaths recorded in 1935. There were 2,161 deaths from accidents in the home, in occupations and in other pursuits where automobiles did not figure. Tuberculosis continued its declining trend, last year, when it dropped to eighth place. There were 2,045 deaths recorded in comparison with 2,199 the previous year.

Automobile accidents claimed the lives of 1,665 persons in Michigan last year to rate as the ninth major cause of death. Diabetes remained in tenth place, causing 1,230 deaths in 1935. If automobile accident deaths were combined with deaths from other accidents, there would be a total of 3,826 deaths from accidental causes. This would place accidents in fourth position as a major cause of death.

The 34,904 deaths from these ten causes constitute 68 per cent of all the deaths recorded in 1935. There were 51,051 deaths recorded in 1935 from all causes. The death rate was 10.05 per 1,000 population, a continuation of the slight increase over the depression low marked in 1933 by a rate of 9.62, the lowest in Michigan history.

Supervision of Sewage Disposal Plants

Increasing installations of sewage disposal plants by Michigan municipalities and institutions and the consequent demand for adequate supervision have caused the Bureau of Engineering to add to its staff

an engineer trained in this field. Mr. C. T. Mudgett, graduate in civil engineering from the University of Illinois, who has specialized in the supervision of sewage treatment operations, will be in charge of this service.

There are 60 municipal sewage disposal plants now in operation in addition to 15 institutional systems. Plants at Ann Arbor and Jackson are nearing completion and will be in operation this fall. Eight other plants are under construction. Plans are being prepared and the money is available for financing the huge treatment plant at Detroit, which will decrease the present serious pollution of the Detroit River to the menace of down-stream communities. This state-wide expansion in the construction of sewage treatment plants is a major step toward the control of stream pollution in Michigan.

Roadside Survey and Resort Inspection

The Bureau of Engineering will not conduct its usual inspection of roadside water supplies and resorts, this year. This service to the tourist and resort industry of Michigan will be temporarily discontinued owing to the lack of available funds. Whatever work is done in this field this year must be carried on by the local health departments.

In the 1935 roadside water survey, 2,455 sources along 7,626 miles of trunk line highways were tested for safe drinking purposes. Safe supplies were indicated by the familiar yellow and black signs of the Michigan Department of Health. Approximately 1,895 resorts were inspected as to their sanitary conditions; classification certificates and recommendations were sent to resort owners.

Past records indicate that the percentage of safe water supplies increases following the inauguration of state inspection. This sanitary service had come to be an attractive feature in bringing visitors to the recreational areas of the state, receiving much favorable comment and guarding against unfavorable publicity caused by insanitary resort conditions.

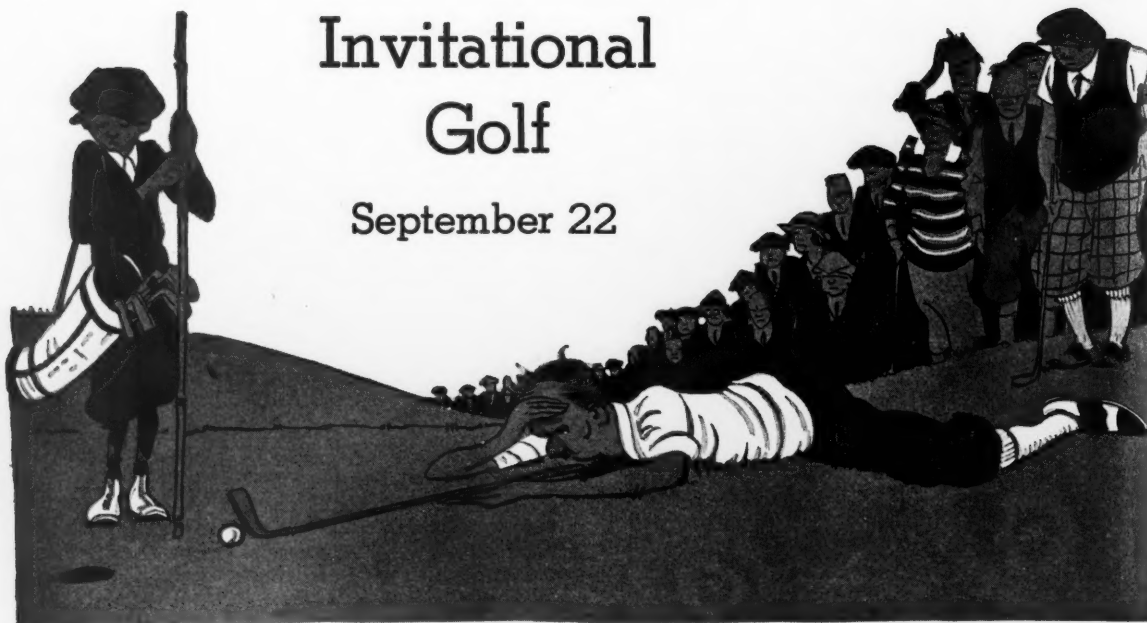
Rabies

It is usual, at this time of the year, to have attention focused on rabies among dogs and dog bites of humans. As is generally known by physicians, it is not so much that rabies is more prevalent during the hot season and so-called dog days but rather that popular conception believes it to be so.

A year ago during the summer there was a considerable amount of rabies in and about Detroit and the southeastern part of the state. Recently, rabies seems to be more prevalent in and about Pontiac. There has been a demand for rabies vaccine and at times the supply provided by the Michigan Department of Health has been exhausted. However, no individual has gone without the vaccine because of shortage.

It is often difficult to determine whether an individual should have the rabies vaccine. If a person has been bitten by a dog which has escaped and cannot be recovered, then there is only one conclusion, "Play safe and give the vaccine." It is always advisable to securely confine the dog if possible and await developments. Vaccine need not be given even to those individuals bitten unless such dogs die or show some signs of illness within seven to ten days. It is safe to await the first appearance of symptoms in the dog before giving the vaccine to the persons bitten.

Dog heads, in the city of Detroit, may be sent for examination to the City Health Department Laboratory; elsewhere in the state they may be sent either to the Laboratory of the Michigan Department of Health at Lansing or the Pasteur Institute at Ann Arbor.



Invitational Golf

September 22

THE Golfers of the Michigan State Medical Society are invited for invitational golf at the Detroit Golf Club on Tuesday afternoon, September 22, on the occasion of the Annual Convention of the State Society in Detroit.

Play will begin at 1:00 p. m. Two perfect eighteen hole courses are available. The regular green fees of \$1.50 will be charged. Coupon books to pay expenses of caddies, green fees, dinner, etc., may be purchased at the club.

Prizes Donated by Friends

Prizes for experts, dubs, beginners—and even kickers—will be awarded. These trophies are being contributed by officers of the State Society and other friends of the medical golfers of Michigan. Dr. Grover C. Penberthy, Detroit, is placing the President's Trophy in competition; Dr. H. E. Perry, Newberry, is contributing the President-Elect's prize; the James H. Dempster Cup is being presented by an old friend of the Editor of *THE JOURNAL*, Mr. J. R. Bruce of Saint Paul.

Secretary C. T. Ekelund, Pontiac; Treasurer Wm. A. Hyland, Grand Rapids; Chairman of The Council Henry Cook, Flint; Speaker Frank E. Reeder, Flint; and Vice-Speaker Philip A. Riley, Jackson—all are contributing prizes. Other friends swelling the list include Dr. J. M. Robb, Detroit, Past-President of the M.S.M.S.; Dr. H. A. Luce, Detroit, Past-Speaker of the House; Dr. L. Fernald Foster, Bay City, Chairman of the Public Relations Committee; Dr. T. K. Gruber, Eloise, President of the Wayne County Medical Society; Dr. F. B. Burke, Detroit, President-Elect of the Wayne County Medical Society; Dr. E. I. Carr, Lansing, President of the Ingham County Medical Society; Bill Mennen, Newark, N. J.; and Executive Secretary Bill Burns.

The two Councilors of the host city, Dr. A. S. Brunk and Dr. H. R. Carstens of Detroit, are also placing a trophy in competition. So is the Wayne County Medical Society.

Five Flights

Prizes will be awarded for low gross for the field, 18 holes; low net for the field, 18 holes; maturity event, limited to players 50 years and over; and in the five flights: championship flight, for players with handicaps of scratch to 10; first flight, 11 to 15 inclusive; second flight, 16 to 20 inclusive;

third flight, 21 to 29 inclusive; fourth flight, handicaps of 30. Both gross and net awards will be made in all flights except the fourth which will be net only. The Kickers Handicap (blind bogey) will also have a number of prizes.

Dinner will be served in the beautiful clubhouse at 6:30 p. m. promptly and will be \$1.65, including the service charge. Distribution of prizes following the dinner will be completed by 7:30 p. m. so that all may get back to the Book-Cadillac Hotel for the Wayne County Medical Society Smoker at 8 o'clock. Buses will leave from the Book-Cadillac and the Statler Hotels for the Detroit Golf Club, and will also return the physicians from the club to the hotel in the evening. The fee will be nominal.

Inter-city Matches

The Detroit committee in charge of arrangements is composed of Dr. C. D. Brooks, Chairman, Drs. Donald V. Clark, R. C. Leacock, L. J. Morand, L. S. Potter, and Walter Wilson. Individual physicians desiring games with medical golfers residing in other cities of Michigan are invited to write the Chairman who will endeavor to arrange these desirable and enjoyable inter-sectional matches.

One of the
prizes
to be awarded
to the
golfers of the
Michigan State
Medical Society



JOUR. M.S.M.S.

GENERAL NEWS AND ANNOUNCEMENTS

The One Hundred Per Cent Club of the Michigan State Medical Society

composed of county medical societies which have paid dues in full for each and every member of the county and state medical societies, now totals twenty-three societies:

1. Alpena County Medical Society
2. Eaton County Medical Society
3. Gogebic County Medical Society
4. Grand Traverse-Leelanau-Benzie Medical Society
5. Hillsdale County Medical Society
6. Ingham County Medical Society
7. Lenawee County Medical Society
8. Luce County Medical Society
9. Manistee County Medical Society
10. Mecosta-Osceola County Medical Society
11. Midland County Medical Society
12. Muskegon County Medical Society
13. Newaygo County Medical Society
14. Northern Michigan Medical Society
15. Oceana County Medical Society
16. Ontonagon County Medical Society
17. Ottawa County Medical Society
18. Saginaw County Medical Society
19. Saint Clair County Medical Society
20. Schoolcraft County Medical Society
21. Shiawassee County Medical Society
22. Tuscola County Medical Society
23. O. M. C. O. R. O. Medical Society

Locum Tenens: In Vestaburg, Michigan, Montcalm County. If interested, write Executive Office, 2020 Olds Tower, Lansing, Michigan.

* * *

Opening for a physician available in St. Joseph Michigan. General practice. For information write Executive Offices, 2020 Olds Tower, Lansing.

* * *

Important Dates

September 15, 1936—General Primary Election.
November 3, 1936—General November Election.
January, 1937—Legislature convenes in Regular Session.

* * *

The annual meeting of the Wabash Surgical Society will be held at the Statler Hotel, Detroit, Michigan, Monday and Tuesday, September 14 and 15, 1936.

* * *

State Society Night will be celebrated by the Ingham County Medical Society on Tuesday, October 20, 1936, shortly after the Annual Meeting of the M.S.M.S. The newly elected officers of the State Society will be honored.

* * *

Judge Merle H. Young of Van Buren County has been elected President of the Michigan Association of Probate Judges. Judge Frank L. McAvinchey of Genesee County has been chosen as Chairman of the Legislative Committee. Congratulations!

* * *

"The Allegan County Medical Society" now exists. The physicians in Allegan County were granted a charter as a County Medical Society on July 29, 1936. Officers of the new society are Dr.

G. H. Righeterink, Hamilton, president; Dr. O. H. Stuck, Otsego, vice president; Dr. R. A. MacNeill, Allegan, treasurer; Dr. M. B. Beckett, Allegan, secretary; Dr. W. C. Medill, Plainwell, delegate; Dr. E. T. Brunson, Ganges, alternate. Best wishes for success in your undertakings and efforts, members of Allegan County Medical Society!

* * *

Dr. Fred P. Currier and family, of Grand Rapids, have returned to the United States after visiting ten months in England, Belgium, Holland, and Germany. Doctor Currier spent nine months of that time in the study of nervous diseases at the National Hospital, Queen's Square, London.

* * *

Public invited: Members of the public are invited to see the fifty-two Scientific Exhibits and the seventy-two Technical Exhibits at the Detroit Meeting of the M.S.M.S. Tuesday afternoon, September 22, will be the date of the public inspection. Much information and medical instruction will be found by the people who visit these exhibits.

* * *

Afflicted Child Commitments:

July, 1936—923 cases, of which 253 went to University Hospital

June, 1936—903 cases, of which 259 went to University Hospital

May, 1936—1,325 cases, of which 262 went to University Hospital

* * *

County medical societies desiring assistance in obtaining speakers for their meetings are invited to send their requests to the Michigan State Medical Society which will endeavor to obtain men of outstanding talent to appear before the members of the county medical society. Be sure to indicate the exact date, time and place of the meeting, subjects according to first choice, second choice and third choice, and the possible attendance.

* * *

The Smoker of Tuesday evening, September 22, being arranged by the Wayne County Medical Society, promises a thousand laughs. The Entertainment Committee is working on plans to insure sidesplitting results. Plan on being at this great party. The Detroit physicians working up this show are Dr. M. H. Hoffmann, Chairman; Drs. H. G. Bevington, B. L. Connelly, J. W. Becker, E. W. Fitzgerald, and Frank M. MacKenzie.

* * *

Baseball at Navin Field, Tuesday afternoon, September 22, 1936! Detroit will play St. Louis. If you and/or your wife are interested in attending this baseball game, please drop a postal card to the Executive Office, 2020 Olds Tower, Lansing, and arrangements will be made with the Detroit Baseball Company to secure a block of choice seats for interested members of the M.S.M.S. who are attending the Annual Meeting in Detroit.

* * *

Two Days of Intensive Post Graduate Training—Wednesday, September 23, and Thursday, September 24! Beginning at 9:00 a. m., the physicians attending the 71st Annual Meeting of the Michigan State Medical Society will be busy on these days with clinical sessions at Detroit hospitals and at the headquarters hotel, and with general sessions presenting additional eminent speakers in the afternoons and evenings at the headquarters. Plan on attending. Write for your hotel reservations at once—space is going fast.

* * *

The Michigan State Medical Society's own His-

GENERAL NEWS AND ANNOUNCEMENTS

tory of Medicine in this state should be in the reception room of every Michigan physician. It is the kind of information that is good for your patients. No other group has a brighter record since pioneer days than the medical profession of Michigan. The History is written as interestingly as a novel. The price has been reduced to five dollars for the two volumes. Send order to the Executive Office, 2020 Olds Tower, Lansing, Michigan.

* * *

The new American Medical Directory has been issued. A copy is in the Executive Office of the Michigan State Medical Society. The 1936 edition contains 183,312 names of physicians, located in all the states and territories of the Union, as well as the names of the practitioners of Canada. Information as to any physician's name, address (both office and residence), age, school and date of graduation, date of licensure, and membership in special societies, can be secured by writing 2020 Olds Tower, Lansing. Much other valuable information is contained in the Directory.

* * *

American Board of Obstetrics and Gynecology: The next written examination and review of case histories of Group B applicants by the American Board of Obstetrics and Gynecology will be held in various cities in the United States and Canada, on Saturday, November 7, 1936. Application blanks and booklets of information may be obtained from Dr. Paul Titus, Secretary, 1015 Highland Bldg., Pittsburgh (6), Pennsylvania. Applications for this examination must be filed in the Secretary's Office sixty days prior to the scheduled date of examination.

* * *

By Badge: Admissions to the General Sessions at the 71st Annual Meeting of the Michigan State Medical Society, Book-Cadillac Hotel, Detroit, September 21 to 24, 1936, will be by badge only.

This ruling is made to protect members of the Michigan State Medical Society, who otherwise might be crowded out by others who wish to attend the various functions of the meeting. This rule will apply also to the Smoker, planned by the Wayne County Medical Society for Tuesday, September 22, 8:00 p. m. Monitors will be stationed at all doors to see that this rule is carried out.

* * *

Beware! Michael Erim Brooks, aged forty-eight, pleaded guilty to unlawfully practicing medicine in Toledo, Ohio, on August 6. Newspaper accounts state that though he never studied medicine, the complainant told the court he had prescribed medicine and diagnosed ailments, and had traveled throughout the world. He may visit Michigan next. Be on the lookout.

"Mystic Cures" is a nostrum being sold in Wisconsin by here-today-gone-tomorrow individuals posing as physicians. Notify the Executive Office at once if "Mystic Cures" comes to your community.

* * *

Free parking during the days of the Annual Convention of the Michigan State Medical Society is offered visiting physicians by the Wayne County Medical Society. The Detroit medical group has a large parking lot adjacent to its palatial headquarters at Woodward and Canfield Streets in The Motor City. Just drive in the parking lot and leave your car with the attendants during the period of the Convention.

The clubrooms of the Wayne County Medical Society will also be available to physicians attending the 71st Annual Meeting of the State Society, September 21, 22, 23, 24, 1936. Delicious luncheons are served daily.

The 124 exhibits at the Annual Meeting of the M.S.M.S. in Detroit, September 21, 22, 23, 24—be sure to see them. Thousands of dollars have been spent to arrange these displays. They have something new for you. You can learn something. In the Technical Exhibit, you will find no high-pressure salesmen. They are here to show you the latest advances and progress in scientific equipment. Please show your appreciation of their time, effort and expense by viewing their exhibits carefully. The Fifty-two (52) Scientific Exhibits will cover 4,655 square feet; the seventy-two (72) Technical Exhibits will take up 7,175 square feet, a total of 11,830 square feet of exhibits!

* * *

Hobby Exhibition: If you have a hobby, and you're proud of it, the Hobby Show at the Annual Convention of the M.S.M.S. in Detroit offers you an opportunity to display your avocational work. You are cordially invited to communicate with the Chairman of the Hobby Exhibition, Mrs. Milton D. Vokes, 444 E. Grand Boulevard, Detroit. Send your name, address, number of entries, titles, and descriptions. All exhibits must be in by September 18, 1936. The exhibit itself should be sent to: "Hobby Exhibition, Michigan State Medical Society, Washington Room of Book-Cadillac Hotel, Detroit, c/o John F. Ivory Company." Be sure to notify the Chairman that you are shipping your exhibit. If it is intrinsically valuable, be sure to insure it.

* * *

The Ohio State Medical Association has sent an invitation to the physicians of Michigan to attend the 90th Annual Meeting of the O.S.M.A. in Cleveland, October 7, 8, 9, 1936. The headquarters will be Hotel Cleveland. The sessions and exhibits will be at the Public Auditorium. Outstanding physicians from all parts of the country will be guest speakers at this convention, including Dr. Andrew C. Ivy, Chicago; Dr. Walter E. Dandy, Baltimore; Dr. John R. Caulk, St. Louis; Dr. George M. Lyon, Huntington, W. Va.; Mr. W. H. Drane Lester, U. S. Department of Justice, Washington, D. C.; and Mr. Sigmund Spaeth, New York City. The principal social event of the meeting will be the Annual Banquet on Thursday evening, October 8, at Hotel Cleveland. The seven scientific sections will convene on Friday morning, October 9.

* * *

Correction: We regret the transposition of two lines of the paper entitled "Adrenal Cortical Insufficiency," by Dr. Robert L. Schaefer and Dr. Fred L. Strickroot, which appeared in the August number of this JOURNAL. The correct reading of the second paragraph of this paper is as follows:

"The clinical picture of Addison's disease is characterized by a striking myasthenia with or without cachexia, marked gastro-intestinal symptomatology, pigmentation, and, not infrequently, so-called Addisonian crises. This new form of therapy is capable of relieving the above complex with the exception of the pigmentation, though this, too, when mild, is affected. This publication has the sole intent of adding three indisputable cases of total Addison's disease and two cases of partial Addison's, or partial adrenal cortical insufficiency."

* * *

The Eleventh Annual Clinic of the Highland Park Physicians' Club will be held in the Highland Park General Hospital on December 2. This event has become noted among the medical profession for the high quality of the program. It seems to be increasing in quality as the years go by. The committee are at work early this year and have invited a number of nationally known clinicians and

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surgeons to participate in the program. Those who have already accepted are Drs. Dean Lewis of Baltimore; George Crile of Cleveland; A. T. Bedell of Albany, New York; C. A. Aldrich of Chicago; F. F. Tisdale, Toronto; H. L. Krehmer, Chicago; L. J. Harris, Toronto, and Professor Curtis, Columbus, Ohio. Dr. Crile will give an illustrated talk on big game hunting in Africa, at the annual dinner, which will take place in the evening. In the afternoon, Dr. Crile will speak on thyroid surgery.

* * *

The Postgraduate Extension Course of the University of Michigan Department of Postgraduate Medicine and the State Medical Society will begin the week of October 5th. The course will continue for eight weeks, one day each week in the same centers as last year. In addition, a new center will be established at Lansing-Jackson, jointly, to accommodate the physicians in the southeastern portion of the State. The following program has been approved by the State Committee on Postgraduate Education. The first day will be devoted to a clinical pathological conference and a discussion of progressive coronary disease. Other subjects included in the course are allergic diseases, including the skin manifestations; the psychoneuroses, the serum treatment of pneumonia, appendicitis, diseases of the breast, emergency treatment of injuries, and the x-ray and clinical manifestations of ulcerative lesions of gastro-intestinal tract. One day will be occupied with the more common acute and chronic diseases of the ear and eye. The subjects of gynecology and obstetrics, dermatology, and urology will be developed continuously from last year. A program of the course will be mailed shortly to each physician in the State.

* * *

The twenty-first International Assembly of the Inter-State Post-graduate Medical Association of North America, under the presidency of Dr. David Riesman of Philadelphia, Pennsylvania, will be held in the public auditorium of St. Paul, Minnesota, October 12, 13, 14, 15 and 16 with pre-assembly clinics on Saturday, October 10, and post-assembly clinics Saturday, October 17 in the hospitals of St. Paul.

The aim of the program committee with Dr. George Crile as chairman, is to provide for the medical profession of North America an intensive post-graduate course covering the various branches of medical science. The program has been carefully arranged to meet the demands of the general practitioner, as well as the specialist. Extreme care has been given in the selection of the contributors and the subjects of their contributions.

In coöperation with the Minnesota State Medical Association, the Ramsey County Medical Society will be host to the Assembly and has arranged an excellent list of committees who will function throughout the Assembly.

A most hearty invitation is extended to all members of the profession who are in good standing in their State or Provincial Societies to be present and enjoy the hospitality of the medical profession of St. Paul. A registration fee of \$5.00 will admit each member of the medical profession in good standing to all the scientific and clinical sessions.

A list of the distinguished teachers and clinicians who will take part on the program may be found on page XXII.

Special railroad rates will be in effect.

For further information write Dr. W. B. Peck, Managing-Director, Freeport, Illinois.

SEPTEMBER, 1936

Michigan's Unemployed Classified: The first figures showing the number of unemployed Michigan people according to general occupational groups were issued recently by Major Howard Starret, State Director of the National Re-employment Service.

The analysis was made of the 180,677 persons seeking work in private industry through the NRS Michigan offices, on July 1, according to Major Starret. Of this number, 95,208 were actually unemployed and most of the remainder were working on WPA and other Federal projects.

A further analysis of the various groups will soon be reported which is expected to be of interest and use to many community groups, Major Starret said. The figures for the total number of 180,677, are:

Craftsmen and skilled, 44,278; physical labor (heavy), 42,258; production workers (mch.), 21,870; production workers (manual), 20,793; household or domestic, 9,609; clerical (non-machine), 9,203; personal service (other), 7,582; maintenance, 5,553; sales (inside), 3,758; students, 3,072; physical labor (light), 2,733; *professional workers*, 2,309; clerical (machine), 1,403; administrators and supervisory workers, 1,365; sales (outside), 1,264; technicians, 1,132; unclassified, 1,082; sales (related service), 960; semi-professional, 295; unemployables, 158.

* * *

Dr. Angus McLean of Detroit was honored by the Italian Government in a letter dated August 13, 1936, from the Royal Italian Vice-Consul. The letter reads as follows: "By instruction of his Excellency the Minister of Foreign Affairs, I have the honor to inform you that His Majesty the King and Emperor has been pleased to bestow upon you His Order of the Crown of Italy with the rank of Commander, in recognition of your constant and friendly attitude towards Italy, and of the splendid services rendered by you to the Italian people and Italian culture."

* * *

The Services of Drs. MacCracken and Stapleton Recognized: The executive faculty of the Wayne University College of Medicine at its first meeting of June 30, 1936, went on record in the following resolutions commending the work of Dr. W. H. MacCracken, former dean of the College of Medicine, and also, Dr. William J. Stapleton, Jr., acting dean. Dr. Stapleton is now associate dean of the college and Dr. MacCracken is head of the Department of Pharmacology.

RESOLVED: The Faculty of Medicine of Wayne University wishes to express its appreciation of Dr. W. H. MacCracken, Professor of Pharmacology and Therapeutics, who served the Medical School as its Dean from 1919 to July 1, 1935, when, because of an untimely illness, he resigned the deanship. During his administration, Dr. MacCracken successfully guided the school through many difficulties. By his leadership the school maintained a Class A ranking among the medical schools of the United States and Canada. This accomplishment is particularly noteworthy in view of the fact that as The Detroit College of Medicine and Surgery, the school was an independent organization, not a part of a university. Dr. MacCracken and his associates, however, recognized that the medical school should be a department of a university, and it was toward this discipline that he aimed. His desire was gratified when the Board of Education, after an interval during which the school was operated as a unit of the public school system, established the Faculty of Medicine as the medical department of Wayne University. This evolution gives the school the distinc-

tion of being one of the few municipally owned medical schools in the world.

Dr. MacCracken's sterling qualities of character, personality, and administrative ability have been largely responsible for these achievements.

The Faculty desires to express these sentiments by formal action and to spread this resolution upon its minutes and extend a copy of the same to Dr. MacCracken.

RESOLVED: In the interval, July 1, 1935, to May 18, 1936, Dr. W. J. Stapleton, Jr., Professor of Jurisprudence, Ethics, and Economics, has served Wayne University College of Medicine as Acting Dean, rendering notable service to the Board of Education, University, Faculty, and Students. The Faculty notes with pleasure that his services as an administrative officer are still available as Associate Dean.

Dr. Stapleton exemplifies those gentlemanly instincts and qualities which are the flower and adornment of our profession.

The Faculty desires to express these sentiments by formal action and to spread this resolution upon its Minutes and extend a copy of the same to Dr. Stapleton.

Summary of Proceedings, 1935

(Continued from Page 616)

14. Authorized the appointment of a Committee to study the medico-legal activities of the Michigan State Medical Society and to recommend action at the next meeting of the House of Delegates (734-735*).

15. By voting to delete the second sentence from sub-section M of Section 7 of Chapter 3 of the By-laws, it made a delegate eligible to election to the general offices of the society (735*).

16. Elected Dr. Perry President-elect of the Michigan State Medical Society; Dr. Louis J. Hirschmann delegate for two years to the American Medical Association; Dr. George Curry, ranking alternate, Dr. Ralph H. Pino, alternate, and Dr. L. F. Foster to fill the unexpired term of Dr. Andrews as alternate delegates to American Medical Association; Dr. J. E. McIntyre as Councilor of the Second District; Dr. George C. Hafford, Councilor of the Third District; Dr. Frederick A. Baker, Councilor of the Fifteenth District; Dr. A. S. Brunk, Councilor of the Sixteenth District, and Dr. F. C. Bandy as Councilor of the Twelfth District for the unexpired term of Dr. Perry; elected Dr. Frank Reeder as Speaker of the House of Delegates, and Dr. Philip Riley as Vice Speaker (743*).

17. Selected Detroit as the place of the next annual meeting (743*).

18. Instructed the Council to employ an executive secretary, not necessarily a physician or a member of the Michigan State Medical Society, who shall act as an assistant secretary and perform such duties as are assigned to him by the Council and the Secretary of the State Medical Society (744*).

19. Had presented to it a proposed amendment to Article 8, Section 2, of the Constitution, to provide for the election of the secretary by the House of Delegates instead of by the Council; and Article 9, Section 3, to provide for the delivery of the invested funds of the society to the Treasurer by the Vice-Secretary; and of Article 9, Section 4, to substitute vice-secretary for secretary, and to fix the amount of the bond (745*).

(These changes in the Constitution are promulgated in order to effect a reorganization of the office of the secretary.)

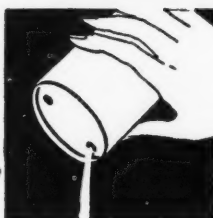
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An ordinary nipple operates much as a can with no hole punched for air. Air necessary to relieve vacuum must enter through the same hole, or holes, as milk is drawn.



THE RIGHT WAY

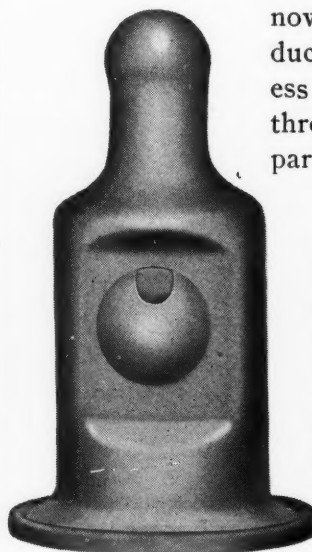
A diaphragm valve in the NursRite Nipple admits air when suction takes place, thereby preventing vacuum from building up, therefore allowing a free, even flow.

"I have used them (NursRite Nipples) where infants were having a tremendous amount of gastro-intestinal distress as a result of swallowing an excess amount of air. I have found these nipples to transform a distressed, upset child into a calm, contented child. I attribute this sudden change to the fact that they were unable to swallow air with these new nipples."

—STATEMENT OF PEDIATRICIAN.

This experience has been confirmed in many instances by nurses and supervisors of maternity wards.

NursRite Nipples are now in quantity production and in process of distribution through drug and department stores.



Physicians, nurses, and hospitals are invited to request samples for trial. Please write.

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